
State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Filing at a Glance

Company: Chicago Insurance Company
Product Name: Healthcare Services
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Filing Type: Rate/Rule
Date Submitted: 06/26/2012
SERFF Tr Num: FFDC-128304298
SERFF Status: Closed-Filed
State Tr Num: FFDC-128304298
State Status: SERFF to PEDS Update
Co Tr Num: NILMM0112-R

Effective Date 04/02/2013
Requested (New):
Effective Date 04/02/2013
Requested (Renewal):
Author(s): Michelle Davanzo
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date: 04/03/2013
Disposition Status: Filed
Effective Date (New): 04/02/2013
Effective Date (Renewal): 04/02/2013

State Filing Description:

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

General Information

Project Name: Healthcare Services

Project Number: NWMM0112

Reference Organization:

Reference Title:

Filing Status Changed: 04/03/2013

State Status Changed: 04/03/2013

Created By: Michelle Davanzo

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Michelle Davanzo

Filing Description:

Enclosed for your review is our rate/rules manual for our new medical professional liability product for healthcare services. This filing contains the rates/rules which are designed to meet the needs of a variety of healthcare service professionals. The medical professional liability insurance policies provide coverage for those entities and individuals providing professional services in the healthcare professional as well as medical facilities arena. Our new coverage forms address the emerging industry need for additional coverage due to the expanding nature of insurance.

We developed our rates based upon a number of key factors. Refer to the Actuarial Memorandum and supporting exhibits for further details.

This is a rate/rule filing.

Enclosed in support of this filing are:

- Medical Professional Liability Insurance rate/rule pages, PL-HC-V2, pages 1-17, edition 01/12 and PL-HC-V2-IL, pages 1-8, edition 01/12;
- Actuarial Memorandum and supporting exhibits; and
- State required checklists/forms, if any.

Your acknowledgement of this filing, which has a proposed effective date of September 1, 2012, would be appreciated.

Company and Contact

Filing Contact Information

Michelle Davanzo, Regulatory Services	mdavanzo@ffic.com
Senior Analyst	
777 San Marin Drive	415-899-2660 [Phone]
Novato, CA 94998	866-290-0671 [FAX]

Filing Company Information

Chicago Insurance Company	CoCode: 22810	State of Domicile: Illinois
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	PropertyCasualty
(415) 899-2000 ext. [Phone]	FEIN Number: 36-6042949	State ID Number:

Filing Fees

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":

acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: acknowledged

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	04/03/2013	04/03/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Requires Further Documentation	Neetha Mamoottile	11/02/2012	11/07/2012
Pending Industry Response	Neetha Mamoottile	10/25/2012	10/25/2012
Pending Industry Response	Gayle Neuman	08/31/2012	08/31/2012
Pending Industry Response	Gayle Neuman	08/30/2012	08/30/2012

Response Letters

Responded By	Created On	Date Submitted
Michelle Davanzo	11/13/2012	11/13/2012
Michelle Davanzo	10/26/2012	10/26/2012
Michelle Davanzo	09/27/2012	09/27/2012
Michelle Davanzo	08/30/2012	08/30/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	Michelle Davanzo	06/29/2012	06/29/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date Change	Note To Reviewer	Michelle Davanzo	04/03/2013	04/03/2013

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status of Submission	Note To Reviewer	Michelle Davanzo	03/27/2013	03/27/2013
Status of Submission	Note To Reviewer	Michelle Davanzo	03/01/2013	03/01/2013
Status of Submission	Note To Reviewer	Michelle Davanzo	02/06/2013	02/06/2013
Effective Date	Note To Reviewer	Michelle Davanzo	12/05/2012	12/05/2012
effective date	Note To Filer	Gayle Neuman	12/05/2012	12/05/2012
Post Submission Update	Note To Reviewer	Michelle Davanzo	09/20/2012	09/20/2012
extension	Note To Filer	Gayle Neuman	09/12/2012	09/12/2012
Request for an Extension to Respond	Note To Reviewer	Michelle Davanzo	09/10/2012	09/10/2012
Actuarial Review Complete	Reviewer Note	Caryn Carmean	11/30/2012	

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Disposition

Disposition Date: 04/03/2013

Effective Date (New): 04/02/2013

Effective Date (Renewal): 04/02/2013

- Effective Date (New) changed from 12/15/2012 to 04/02/2013 and Effective Date (Renewal) changed from 12/15/2012 to 04/02/2013 by Neuman, Gayle on 04/03/2013.

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Chicago Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document (revised)	Certification		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	actuarial memorandum and exhibits		No
Supporting Document	Marked Copy		Yes
Supporting Document	Certificate of Incumbency		Yes
Rate (revised)	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates		Yes
Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates		Yes

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates		Yes
Rate (revised)	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates		Yes
Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates		Yes

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Objection Letter

Objection Letter Status	Requires Further Documentation
Objection Letter Date	11/02/2012
Submitted Date	11/07/2012
Respond By Date	11/14/2012

Dear Michelle Davanzo,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Objection 1

- Certificate of Incumbency (Supporting Document)

Comments: Michelle,

The submitted document is not sufficient. The subject filing is considered incomplete until an authorized officer certifies the rate filing or until proper biographical affidavit documentaiton is filed for Mr. Paukovitz.

Sincerely,

Neetha Mamoottile

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Neetha Mamoottile

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/25/2012
Submitted Date	10/25/2012
Respond By Date	11/01/2012

Dear Michelle Davanzo,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Objection 1

- Certification (Supporting Document)

Comments: Mr. William Paukovitz, has signed the certification accompanying the subject filing as an authorized officer of the company. However, we have yet to find evidence that Mr. Paukovitz is an authorized officer for Chicago Insurance Company. Upon search of our records, we find no biographical affidavit has been filed with the Department for Mr. Paukovitz. This issue needs to be addressed per the instructions outlined below.

According to Section 155.18 of Illinois Insurance Code (215 ILCS 5/155.18), medical malpractice rate filings shall be certified in such filing by an officer of the company and a qualified actuary that the companys rates are based on sound actuarial principles and are not inconsistent with the companys experience.

Pursuant to Section 155.04(2) of the Illinois Insurance Code (215 ILCS 5/155.04(2)), all companies licensed to transact insurance business in Illinois must notify the Director within 30 days of the appointment or election of any new officers or directors. Section 915.40 of the Illinois Administrative Code (50 Ill. Adm. Code 915.40) further stipulates biographical affidavits of newly elected or appointed officers must be filed within 30 days after the persons election or appointment.

The subject filing is considered incomplete until an authorized officer certifies the rate filing or until proper biographical affidavit documentation is filed for Mr. Paukovitz.

We expect to receive a response no later than November 1, 2012.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Neetha Mamoottile

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/31/2012
Submitted Date	08/31/2012
Respond By Date	09/14/2012

Dear Michelle Davanzo,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

- 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*
- 2. Please complete the rate information on the rate/rule schedule tab (i.e. that includes policyholders, amount of change).*
- 3. The XV. Individual Risk Premium Modification appears to be a scheduled rating plan? Pursuant to Company Bulletin 2011-05, the maximum credit/debit adjustment allowed for a policy is +/-25%.*
- 4. Under XVII. Rules for Individuals, section A - paragraphs 1, 2, 3 and 4 all indicate "may". If an insured meets the requirement of any or all of these discounts, does the discount apply or does the company not apply the discount consistently? In paragraph 4 which is also labeled as "Individual Risk", is the credit from 0% to 25% since it indicates "up to 25%"?*
- 5. Please explain the workers compensation exposure. No other insurance company writing medical malpractice in Illinois proposes such surcharge. I do not see how this is applicable.*
- 6. Please explain under XVIII. Rules for Firms why a 15% debit is applied to a Physical Therapist firm. The Physical Therapist is charged a separate rate in Class IX.*
- 7. Under XVIII. Rules for Firms, section C - the paragraphs all indicate "may". If an insured meets the requirement of any or all of these discounts, does the discount apply or does the company not apply the discount consistently?*

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/30/2012
Submitted Date	08/30/2012
Respond By Date	09/07/2012

Dear Michelle Davanzo,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please provide information as to the changes made to the edition added on 6/29/12.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

SERFF Tracking #:	FFDC-128304298	State Tracking #:	FFDC-128304298	Company Tracking #:	NILMM0112-R
<hr/>					
State:	Illinois	Filing Company:	Chicago Insurance Company		
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations				
Product Name:	Healthcare Services				
Project Name/Number:	Healthcare Services/NWMM0112				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/13/2012
Submitted Date	11/13/2012

Dear Gayle Neuman,

Introduction:

Thank you for your correspondence received on November 7, 2012.

Response 1

Comments:

We have attached a revised certification signed by Kevin Walker.

Related Objection 1

Applies To:

- Certificate of Incumbency (Supporting Document)

Comments: Michelle,

The submitted document is not sufficient. The subject filing is considered incomplete until an authorized officer certifies the rate filing or until proper biographical affidavit documentaiton is filed for Mr. Paukovitz.

Sincerely,
Neetha Mamoottile

Changed Items:

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification
Comments:	
Attachment(s):	Certification 11-13-12.pdf
Previous Version	
Satisfied - Item:	Certification
Comments:	
Attachment(s):	Certification.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you need any further information, please let me know.

Sincerely,

Michelle Davanzo

SERFF Tracking #:	FFDC-128304298	State Tracking #:	FFDC-128304298	Company Tracking #:	NILMM0112-R
<hr/>					
State:	Illinois	Filing Company:	Chicago Insurance Company		
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations				
Product Name:	Healthcare Services				
Project Name/Number:	Healthcare Services/NWMM0112				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/26/2012
Submitted Date	10/26/2012

Dear Gayle Neuman,

Introduction:

Thank you for your correspondence dated October 25, 2012.

Response 1

Comments:

We have attached a Certificate of Incumbency for you.

Related Objection 1

Applies To:

- Certification (Supporting Document)

Comments: Mr. William Paukovitz, has signed the certification accompanying the subject filing as an authorized officer of the company. However, we have yet to find evidence that Mr. Paukovitz is an authorized officer for Chicago Insurance Company. Upon search of our records, we find no biographical affidavit has been filed with the Department for Mr. Paukovitz. This issue needs to be addressed per the instructions outlined below.

According to Section 155.18 of Illinois Insurance Code (215 ILCS 5/155.18), medical malpractice rate filings shall be certified in such filing by an officer of the company and a qualified actuary that the companys rates are based on sound actuarial principles and are not inconsistent with the companys experience.

Pursuant to Section 155.04(2) of the Illinois Insurance Code (215 ILCS 5/155.04(2)), all companies licensed to transact insurance business in Illinois must notify the Director within 30 days of the appointment or election of any new officers or directors. Section 915.40 of the Illinois Administrative Code (50 Ill. Adm. Code 915.40) further stipulates biographical affidavits of newly elected or appointed officers must be filed within 30 days after the persons election or appointment.

The subject filing is considered incomplete until an authorized officer certifies the rate filing or until proper biographical affidavit documentation is filed for Mr. Paukovitz.

We expect to receive a response no later than November 1, 2012.

Changed Items:

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Incumbency
Comments:	
Attachment(s):	Certificate of Incumbency.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

With this response, we trust we have adequately addressed your concerns and look forward to approval of our filing.

Sincerely,

Michelle Davanzo

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/27/2012
Submitted Date	09/27/2012

Dear Gayle Neuman,

Introduction:

Thank you for your 8-31-2012 correspondence and the additional time to respond. Our response to each of your stated concerns follows below.

Response 1

Comments:

1. We are using NISS (National Independent Statistical Service).
2. This is a new product filing that has no insured and no rate impact. We have previously updated the rate/rule schedule through a Post-Submission Update which was Allowed.
3. Attached are Illinois specific rate/rule pages PL-HC-V2-IL-1-26 (replacing the previously submitted nationwide and Illinois supplemental rate/rule pages). We have amended rule XV. [page 7] per your comments.
4. Per your comments under objection 4 and 7, refer to pages 9 - 13 in the attached Illinois rate/rule pages.
5. This charge is included due to the increased risk of liability to healthcare professionals from higher risk Workers Compensation patients. This charge has been adopted from our prior healthcare professional product with filing # CGILPTIL0507RR effective 5-1-2007.
6. The 15% debit is applied due to the increased risk of firms over non-firm insureds for Physical Therapists. This charge is the same as in our prior healthcare professional product with filing # CGILAHHCIL0501 effective 6-1-2005.
7. See response under 4. above.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

FFDC-128304298

State Tracking #:

FFDC-128304298

Company Tracking #:

NILMM0112-R

State: Illinois
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Filing Company: Chicago Insurance Company

Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2-IL, pages 1-27, edition 01/12	New		09/27/2012 By: Michelle Davanzo
<i>Previous Version</i>					
1	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2, pages 1-17, edition 01/12	New		06/29/2012 By:
<i>Previous Version</i>					
1	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2, pages 1-17, edition 01/12	New		06/26/2012 By: Michelle Davanzo
2	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2-IL, pages 1-8, edition 01/12	New		09/27/2012 By: Michelle Davanzo
<i>Previous Version</i>					
2	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2-IL, pages 1-8, edition 01/12	New		06/26/2012 By: Michelle Davanzo

Conclusion:

With this response, we trust we have adequately addressed your concerns and look forward to approval of our filing.

Sincerely,

Michelle Davanzo

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/30/2012
Submitted Date	08/30/2012

Dear Gayle Neuman,

Introduction:

Thank you for your correspondence dated August 30, 2012.

Response 1

Comments:

We have attached a red-lined copy of the rate/rule pages so you can see where we made the clarifications. These were on pages 8, 10 and 11.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Marked Copy
Comments:	
Attachment(s):	Healthcare Professional Rate Rule Pages - Nationwide v6.22.2012 marked copy.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any further questions, please do not hesitate to contact us.

Sincerely,

Michelle Davanzo

SERFF Tracking #:

FFDC-128304298

State Tracking #:

FFDC-128304298

Company Tracking #:

NILMM0112-R

State: Illinois
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Filing Company: Chicago Insurance Company

Amendment Letter

Submitted Date: 06/29/2012

Comments:

We just realized that we inadvertently sent the wrong rate/rule manual pages to you. We have attached the correct manual pages for you. We apologize for any inconvenient this may cause you.

Changed Items:

No Form Schedule Items Changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2, pages 1-17, edition 01/12	New		06/29/2012 By:
<i>Previous Version</i>					
1	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2, pages 1-17, edition 01/12	New		06/26/2012 By: Michelle Davanzo

No Supporting Documents Changed.

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Note To Reviewer

Created By:

Michelle Davanzo on 04/03/2013 09:06 AM

Last Edited By:

Michelle Davanzo

Submitted On:

04/03/2013 09:06 AM

Subject:

Effective Date Change

Comments:

We would like to request a change in effective date from 12/15/2012 to 4/2/2013 to match the forms portion. I will also send through a Post-Submission Update Request.

Thank you,
Michelle Davanzo

State: *Illinois* **Filing Company:** *Chicago Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Healthcare Services*
Project Name/Number: *Healthcare Services/NWMM0112*

Note To Reviewer

Created By:

Michelle Davanzo on 03/27/2013 11:51 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Status of Submission

Comments:

I am writing to check the status of our submission. Please let me know when you expect to complete your review.

Thank you,
Michelle Davanzo

State: *Illinois* **Filing Company:** *Chicago Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Healthcare Services*
Project Name/Number: *Healthcare Services/NWMM0112*

Note To Reviewer

Created By:

Michelle Davanzo on 03/01/2013 01:16 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Status of Submission

Comments:

I am writing to check the status of our submission. Please let me know when you expect to complete your review.

Thank you,
Michielle Davanzo

State: *Illinois* **Filing Company:** *Chicago Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Healthcare Services*
Project Name/Number: *Healthcare Services/NWMM0112*

Note To Reviewer

Created By:

Michelle Davanzo on 02/06/2013 10:11 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Status of Submission

Comments:

I am writing to check the status of our submission. Please let me know when you expect to complete your review.

Thank you,
Michelle Davanzo

State: *Illinois* **Filing Company:** *Chicago Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Healthcare Services*
Project Name/Number: *Healthcare Services/NWMM0112*

Note To Reviewer

Created By:

Michelle Davanzo on 12/05/2012 09:59 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Effective Date

Comments:

I have sent a Post-Submission Update to change the effective date to 12/15/2012. Thank you for taking the time to discuss this with me today. As we discussed, we also have the form portion pending under Serff Number FFDC-128476591.

Thank you,
Michelle Davanzo

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Note To Filer

Created By:

Gayle Neuman on 12/05/2012 08:49 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

effective date

Comments:

The Department of Insurance has completed its review of this filing. Chicago Insurance Company requested the filing be effective September 1, 2012. Was the filing put in effect on September 1, 2012 or do you wish to have a different effective date? Your prompt response is appreciated.

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Note To Reviewer

Created By:

Michelle Davanzo on 09/20/2012 10:00 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Post Submission Update

Comments:

We have sent a post submission update for your objection #2. This is a new product filing that has no insured and no rate impact. We will be sending a response to you for the rest of your objections prior your due date.

Thank you,
Michelle Davanzo

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Note To Filer

Created By:

Gayle Neuman on 09/12/2012 11:09 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

extension

Comments:

I will extend the due date to September 28, 2012.

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Note To Reviewer

Created By:

Michelle Davanzo on 09/10/2012 04:26 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Request for an Extension to Respond

Comments:

We would like to request an extension until September 28, 2012 to respond to your objection letter of August 31, 2012.

Thank you for your consideration.

Michelle Davanzo

State: *Illinois* **Filing Company:** *Chicago Insurance Company*
TOI/Sub-TOI: *11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations*
Product Name: *Healthcare Services*
Project Name/Number: *Healthcare Services/NWMM0112*

Reviewer Note

Created By:

Caryn Carmean on 11/30/2012 02:17 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/03/2013 07:52 AM

Subject:

Actuarial Review Complete

Comments:

Actuarial Review Complete

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Post Submission Update Request Processed On 03/05/2013

Status: Allowed
Created By: Michelle Davanzo
Processed By: Gayle Neuman
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	12/15/2012	09/01/2012
Effective Date Requested (Renew)	12/15/2012	09/01/2012

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Post Submission Update Request Processed On 09/20/2012

Status: Allowed
Created By: Michelle Davanzo
Processed By: Gayle Neuman
Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Rate Data Applies	Yes	No
Filing Method	File and Use	
Rate Change Type	Neutral	

Company Rate Information:

Company Name:Chicago Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$0	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	

State: Illinois **Filing Company:** Chicago Insurance Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Post Submission Update Request Processed On 04/03/2013

Status: Allowed
Created By: Michelle Davanzo
Processed By: Gayle Neuman
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	04/02/2013	12/15/2012
Effective Date Requested (Renew)	04/02/2013	12/15/2012

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Chicago Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

FFDC-128304298

State Tracking #:

FFDC-128304298

Company Tracking #:

NILMM0112-R

State:

Illinois

Filing Company:

Chicago Insurance Company

TOI/Sub-TOI:

11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name:

Healthcare Services

Project Name/Number:

Healthcare Services/NWMM0112

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2-IL, pages 1-27, edition 01/12	New		Healthcare Professional Rate Rule Pages - Illinois v9.25final.pdf
2		Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	PL-HC-V2-IL, pages 1-8, edition 01/12	New		

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Medical Professional Liability
Rules and Rates - Illinois

I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies and, when applicable, Commercial Liability policies, for Healthcare service provider specialties described below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

- A. Policies may be written for a term of one year, and renewed annually thereafter.
- B. Students may be written for a term of one, two or three years. The following factors will be applied:

Length of Policy	Factor to Annual Rates
1 Year	1.00
2 Years	1.94
3 Years	2.80

III. PREMIUM COMPUTATION/PREMIUM INSTALLMENTS

Premium Computation

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

Premium Installments

The option for insureds to pay the policy premium in quarterly installments is available as follows:

- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- Additional premium, resulting from changes to the policy, shall be spread equally over the remaining installments. If there are no remaining installments, premium is due immediately.
- Installment charge/billing fee of \$25 or 1% of the annual premium, whichever is less, will be assessed on each installment as well as the down payment.
- Each installment fee paid is fully earned.
- No interest charges apply.
- A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- Installment payments are due 3, 6 and 9 months from policy inception.

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IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. Any amount involving \$0.50 or over shall be rounded to the next highest whole dollar amount.
- B. Any amount involving \$0.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

VII. RETURN PREMIUM

- A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

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VIII. INCREASED/DECREASED LIMITS OF LIABILITY

When higher or lower limits are offered, they will be provided on the following basis for Professional Liability. Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.61
\$100,000 / \$500,000	0.62
\$200,000 / \$600,000	0.69
\$200,000 / \$1,000,000	0.71
\$250,000 / \$750,000	0.72
\$250,000 / \$1,000,000	0.74
\$500,000 / \$500,000	0.79
\$500,000 / \$1,000,000	0.82
\$500,000 / \$1,500,000	0.84
\$500,000 / \$2,500,000	0.86
\$1,000,000 / \$1,000,000	0.94
\$1,000,000 / \$2,000,000	0.95
\$1,000,000 / \$3,000,000	0.96
\$1,000,000 / \$5,000,000	0.98
\$1,000,000 / \$6,000,000	1.00
\$1,000,000 / \$7,000,000	1.02
\$1,000,000 / \$8,000,000	1.03
\$2,000,000 / \$4,000,000	1.20
\$2,000,000 / \$5,000,000	1.22
\$2,000,000 / \$6,000,000	1.23
\$2,000,000 / \$7,000,000	1.24
\$2,000,000 / \$8,000,000	1.25
\$3,000,000 / \$5,000,000	1.36
\$4,000,000 / \$4,000,000	1.47
\$5,000,000 / \$5,000,000	1.54
\$5,000,000 / \$10,000,000	1.57
\$6,000,000 / \$6,000,000	1.61
\$7,000,000 / \$7,000,000	1.66
\$8,000,000 / \$8,000,000	1.70
\$9,000,000 / \$9,000,000	1.74
\$10,000,000 / \$10,000,000	1.78
\$10,000,000 / \$15,000,000	1.86
\$15,000,000 / \$15,000,000	2.00

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IX. DEDUCTIBLES

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When Commercial Liability Insurance is offered, the same deductible amount must be provided for both Professional Liability and Commercial Liability.

Amount	Credit
\$ 0	0.0%
\$ 1,000	1.0%
\$ 2,500	3.0%
\$ 5,000	6.0%
\$ 10,000	10.0%
\$ 15,000	13.0%
\$ 20,000	15.0%
\$ 25,000	17.0%
\$ 50,000	26.0%
\$ 75,000	33.0%
\$ 100,000	40.0%
\$ 250,000	45.0%
\$ 500,000	50.0%
\$ 750,000	55.0%

X. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

XI. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if both of the following conditions are met.

- A. The insured agrees in writing.
- B. The policy would not be written otherwise.

XII. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)

- A. Basic Extended Reporting Period: A Basic Extended Reporting Period of 60 days is provided without additional charge.
- B. Supplemental Extended Reporting Periods: Upon written request of the insured and payment of an additional premium, a Supplemental Extended Reporting Period may be purchased. The additional premium will be based on the expiring annual premium per the table below.

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ERP Length	Percent of Expiring Annual Premium
1 year	70%
2 years	100%
3 years	130%
4 years	160%
5 years	200%
Unlimited	300%

XIII. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

- A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims made policy or the occurrence policy to which the prior acts endorsement shall be applied.
- B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy for limits of \$1,000,000/6,000,000 per occurrence.
- C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.
- D. The premium will be charged annually, but calculated in advance.
- E. Determine the current premium under this policy for limits of \$1M/6M per occurrence.
- F. Multiply D. 1. by the factor for the appropriate prior acts period.

Prior Acts Period	Factor
1 year prior	0.94
2 years prior	1.42
3 years prior	1.64
4+ years prior	1.76

- G. Apply the appropriate Increased/Decreased Limits Factor.

XIV. CALCULATION OF PREMIUM

- A. The premium for the policy shall be the sum of the applicable charges developed below:
- B. If more than one classification is applicable, the higher rated classification will be used for rating.

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Rules and Rates - Illinois

C. The annual occurrence premium will be calculated as follows:

1. Determine applicable class.
2. Determine the base rate based on class from item 1.
3. Multiply the base rate by the applicable Increased/Decreased Limit Factor.
4. Multiply base rate from item 3 by the Deductible Factor to determine the Adjusted Base Rate.
5. Determine appropriate Schedule Rating credit/debit factors and add 1.00.
6. Determine total credit/debit factors for Supplemental Modifications, subject to maximum/minimum caps, and add 1.00.
7. Multiply items 5 and 6 to determine the Total Modification Factor.
8. Multiply the Adjusted Base Rate from item 4 by the Total Modification Factor from item 7 to determine the Final Premium.

D. The annual claims made rate for each Healthcare service provider shall be determined for Classes I through XVIII as follows:

1. Determine the occurrence premium.
2. If the Healthcare service provider is just entering practice, or the Healthcare service provider has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one level.
3. If the Healthcare service provider has been insured under a claims made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a. Determine the number of years in which the Healthcare service provider was covered under such claims made policy (ies).
 - b. Determine the number of years in which the Healthcare service provider was uninsured.
 - c. The sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year.
 - d. The sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time occurrence rate, found in the **Rates** (section XX.B.) - to determine claims made premium:

Class	Step Rate Factor				
	Year 1	Year 2	Year 3	Year 4	Year 5
All	0.32	0.57	0.77	0.84	0.99

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION

To recognize the individual and unique characteristics within each account, it shall be permissible to apply an Individual Risk Premium Modification (IRPM) debit and/or credit to the rates and premiums otherwise developed, depending on the underwriter's overall evaluation of the risk.

The IRPM Plan credits and/or debits are to be added together on an individual basis to determine one overall IRPM Plan credit or debit modification applicable to the entire account. The maximum modification for professional liability premiums shall not exceed +/-25%

The following outlines the criteria upon which IRPM debits and/or credits may be applied to an individual account.

	<u>CREDIT</u>	<u>DEBIT</u>
1. <i>Procedure Mix</i>	0 - 25%	0 - 25%
Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.		
2. <i>Exposure Modification</i>	0 - 25%	0 - 25%
Applicable to those insureds who have an increased or reduced exposure.		
3. <i>Unusual Risk Characteristics</i>	0 - 25%	0 - 25%
Any unique characteristics of the professional services provided which reflects reduced or increased exposure, for example cosmetic procedures, minor products exposure etc.		
4. <i>Continuing Education</i>	0 - 25%	0 - 25%
Applicable to insureds who are involved in a Chicago Insurance Company approved continuing education program other than risk management programs.		
5. <i>Claims Experience</i>	0 - 25%	0 - 25%
Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.		

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION (continued)

	<u>CREDIT</u>	<u>DEBIT</u>
6. <i>Board Actions</i>	0%	0 - 25%
Any Board of Examiners action, peer review or accreditation action reflecting potentially increased exposure.		
7. <i>Experience Factor</i>	0%	0 - 25%
Any non-renewal activity in the past 10 years		
8. <i>Quality Management</i>	0 - 25%	0 - 25%
Based on loss control/risk management education, ethical or moral standing, number of years in business and multiple medical professions.		
9. <i>Location</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following location characteristics: nursing home, hospital, free standing clinic, home healthcare and multiple locations.		
10. <i>Area of Practice</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following area of practice characteristics: wellness, direct patient care, alternative procedures and cosmetic procedures.		

XVI. Abuse and Molestation Coverage Endorsement

This endorsement provides Abuse and Molestation coverage on claims made or occurrence basis. The rating factor will be applied to the final professional premium.

Limits	Rating Factor
25,000/50,000	0.85
50,000/100,000	0.90
100,000/200,000	0.95
100,000/300,000	0.97
250,000/250,000	1.00
250,000/500,000	1.15
500,000/1000,000	1.25
1,000,000/1000,000	1.50
1,000,000/2000,000	1.60
1,000,000/3000,000	1.70
Excluded	0.80

If coverage is elected only for insured, then reduce factor by 0.025.

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XVII. RULES FOR INDIVIDUALS

A. Supplemental Modifications – Individuals

At no time will the total credit under this section exceed 50%.

1. First Year Graduate

A credit of 50% will be applied for first year graduates except for Nurse Practitioners and Physician Assistants. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare service provider is covered, the higher rate may apply without discount.

This credit is not available if the policy is issued as claims made.

2. Part Time

Individual Healthcare service provider who works 20 or fewer hours per week will be eligible for coverage at a rate reduction of 50% subject to a minimum premium except Physician Assistants, Optometrists and Nurse Practitioners which will be eligible for coverage at a rate reduction of 35% subject to a minimum premium. Owner with a corporation or employees/independent contractor is not eligible for part-time discount.

When part time rates result in an amount that is less than \$100, the rate may be the lesser of either the individual's full time base rate or \$100.

3. Retirement/Leave

An Individual Healthcare service provider who is not actively employed as a Healthcare service provider but maintains an active license will be eligible for restricted coverage at a rate reduction of 50%. The reduced rate will be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount will be applied as of the date the Company received the notice. This credit will not apply to firms or self-employed incorporate individuals.

4. Individual Risk Management Credit

A credit of 10% will be applied to the annual total premium applicable to an individual Healthcare service provider who:

- a. Attends an accredited risk management course or seminar. The course or seminar must be at least four credit hours in length and must be administered by an approved provider of continuing nurse education and be eligible for continuing education credit. The course or seminar must have been completed within the last 12 months in order for a discount to be applied.
- b. Provides evidence of Chicago Insurance Company approved association membership, achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit will be eligible for annual application.

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5. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% will be applied to the total premium.

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

B. Endorsements

1. Additional Insured Endorsement

Additional insured coverage is available on a shared limit of liability basis. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears. This charge will also be applicable for the "Additional Insureds – Specified Practitioners Endorsement".

2. Additional Insureds – Vicarious Liability Endorsement

Additional insured coverage is available on a shared limit of liability basis, for vicarious liability. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

3. Medicare or Medicaid Reimbursement Endorsement

Limits of \$30,000/\$30,000 are available for Medicare or Medicaid Reimbursement coverage. The premium charge for this endorsement will be 2% of the developed premium.

4. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Healthcare service provider's area of specialization.

5. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, managing a patient's total care to ensure optimum outcome or utilization review.

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XVIII. RULES FOR FIRMS

The following rules are applicable to Firms.

- Firms include corporations, partnerships, or organizations.
- Firms also include any sole proprietorship that has employees or contracts with independent contractors or self-employed incorporated individuals who have employees or contract with independent contractors.

A. Firm Rates & Policy Minimum

1. The base rate for a self-employed owner who is an Occupational Therapist (Class 1A) or an Audiologist/Speech Language Pathologist/Speech Hearing Therapist (Class 12A) is the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$100 each. For all other self-employed owner's, the base rate will be the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$300 each.
2. The base rate for each employed LPN/LVN/Registered Nurse (Class 3A), Occupational Therapist (Class 1A), Dietician (Class 3B), Audiologists/Speech Language Pathologist/Speech Hearing Therapist (Class 12A), and Dental Hygienist (Class 13A) will be the employed rate in the **Rates** (section XX.B.) - but not less than \$100 each. The base rate for each Employee of a self-employed Audiologists/Speech Language Pathologist/Speech Hearing Therapist group (Class 12C) will be the rate in the **Rates** (section XX.B.).
3. The base rate for each employed Aide, Technician, or Assistant in Classes 1A, 3B, and 12B will be the employed rate in the **Rates** (section XX.B.) - but not less than \$100 each. The base rate for all other employed Aide, Technician or Assistant classes (excluding Physician Assistants), will be the minimum of the self-employed rate or 1.5 times the employed rate in the **Rates** (section XX.B.) - but not less than \$175 each.
4. For all other employed healthcare professionals, the base rate will be the minimum of the self-employed rate or 1.5 times the employed rate in the **Rates** (section XX.B.) - but not less than \$300 each.
5. The following minimum premium per policy shall apply to all firm policies except self-employed incorporated individuals with no employees. For these individuals, the self-employed individual rate as shown in the **Rates** (section XX.B.) shall apply as the Minimum.

Nurse Practitioner Firm	\$ 2,500
Physical Therapy Firms of 15 or more	\$ 5,000
Optometrists	\$ 5,000

6. A 15% debit will be applied to Physical Therapist Firms.

B. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium.

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C. Supplemental Modifications – Firms

At no time will the total credit under this section exceed 50%.

1. Size of Business

A credit will be given based on the number of Healthcare service providers associated with the business. The following may be applied:

# of Providers	Credit
2 - 9	4%
10 - 14	8%
15 or more	12%

2. Risk Management Credit

A credit of 10% will be applied to the annual total premium applicable to a firm who:

- a. Attends an accredited risk management course or seminar. The course or seminar must be at least four credit hours in length and must be administered by an approved provider of continuing nurse education and be eligible for continuing education credit. The course or seminar must have been completed within the last 12 months in order for a discount to be applied.
- b. Provides evidence of Chicago Insurance Company approved; association membership, or achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit will be eligible for annual application.
- c. 50% of the insured professionals within a firm must have attended and completed a course or seminar meeting the criteria of a. above for this credit to apply.

3. Registry/Staffing

A surcharge of 25% of developed premium before debits/credits will be added to Firms that provide staffing to other facilities, firms or locations.

4. Background Check

A surcharge of 25% of developed premium before debits/credits will be added to Firms not performing background checks on their employees and independent contractors.

5. Nursing Home/Assisted Living

A surcharge of 25% of developed premium before debits/credits will be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

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6. High Tech/Critical Care

A surcharge of 25% of developed premium before debits/credits will be added to Firms performing High Tech or Critical Care.

High Tech / Critical Care is defined as a branch of medicine concerned with the diagnosis and management of life threatening conditions requiring sophisticated organ support and invasive monitoring. As an example, this type of business or firm would perform such functions on patients such as Trach care, Ventilator care, or Chemotherapy.

7. Separate Limits

Separate Limits are optional. When selected, the following debit structure is applied based upon the corresponding number of employees:

# of Ratable Employees	Debit
1	10.0%
2 - 9	12.0%
10 - 14	15.5%
15 or more	17.5%

8. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% will be applied to the total premium.

9. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

D. Endorsements

1. Additional Insured

Additional insured coverage (except for Independent Contractors) is available on a shared limits of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

For an Independent Contractor who shows proof of insurance, the rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. If there is no proof of insurance, the Independent Contractor will be charged a self-employed class rate.

2. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

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3. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

E. Commercial Liability

Base Commercial Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased subject to the provisions below:

1. The following may be applicable for insureds that do not have any real estate exposures and products liability exposures:
 - a. Optional Commercial Liability coverage may be purchased by incorporated individuals or firms. The annual base rate will be \$150 for the first location, with a \$50 charge per additional practice location.
 - b. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to a \$150 per minimum policy premium.
2. For insureds that have a real estate exposure and may have products liability exposures, the annual base rate is as follows:

Type of Risk	Exposure Base		Base Rate	
	Premises & Operations	Products	Premises & Operations	Products
Home Health & Temporary Staffing	# of Locations	Sales (per \$1000)	1019	1.99
Laboratory	Sales (per \$1000)	Sales (per \$1000)	0.50	1.99
Dialysis Center	# of Locations	Sales (per \$1000)	640	1.99
Outpatient Treatment/Clinic	# of Locations	Sales (per \$1000)	640	1.99
Counselor	# of Locations	Sales (per \$1000)	640	1.99
Pharmacists	# of Locations	Sales (per \$1000)	1274	1.99
Physical Therapist	# of Locations	Sales (per \$1000)	1274	1.99
Ambulatory Transportation	# of Locations	Sales (per \$1000)	640	1.99
Miscellaneous	# of Locations	Sales (per \$1000)	320	1.99

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3. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.70
\$100,000 / \$500,000	0.75
\$200,000 / \$600,000	0.80
\$200,000 / \$1,000,000	0.82
\$250,000 / \$750,000	0.83
\$250,000 / \$1,000,000	0.84
\$500,000 / \$500,000	0.85
\$500,000 / \$1,000,000	0.92
\$500,000 / \$1,500,000	0.95
\$500,000 / \$2,500,000	0.98
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01

4. Additional Insured Endorsement – Commercial Liability

- a. For insureds that do not have any real estate exposures or products liability exposures, additional insured coverage is available on a shared limits of liability basis at no additional charge.
- b. For insureds that have a real estate exposure and may have products liability exposures, additional insured coverage is available on a shared limits of liability basis for the following categories. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.
 - i. Managers or Lessors of Premises
 - ii. Charitable Institutions
 - iii. Co-Owner of Premises
 - iv. Designated Person or Organization
 - v. Mortgagee, Assignee, or Receiver

5. Non-Owned Auto Endorsement

This endorsement provides hired and non-owned auto liability coverage. The charge for this coverage is 15% of the sum of the Professional Liability and Commercial Liability premium.

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6. Employee Benefits Administration Liability Endorsement

This endorsement provides coverage for employee benefits liability for claims made or occurrence coverage. The charge for the endorsement is based on the table below:

Limit (\$000's)	Number of Employees			
	0-100	101-500	501-1000	1001+
\$25/\$50	\$300	\$350	\$450	\$625
\$100/\$300	\$450	\$525	\$700	\$950
\$500/\$500	\$595	\$695	\$895	\$1240
\$500/\$1000	\$605	\$705	\$910	\$1260
\$1000/\$1000	\$655	\$765	\$985	\$1370
\$1000/\$2000	\$675	\$785	\$1010	\$1400

XIX. RULES FOR SCHOOL BLANKET

The following rules are applicable to the School Blanket Policy for Healthcare service provider Students

A. School Rates & Policy Minimum

- Calculations will be made based on the estimated number of students (total annual headcount) in each of the covered curricula at the inception of the policy period.
- A \$300 minimum annual premium shall apply to each School Blanket policy.

B. Supplemental Modifications – School Blanket

Modifications developed under the following shall be summed and applied as a single factor, subject to a maximum credit of 40%.

1. Longevity Credit

At the inception of a fourth consecutive policy period, a 5% credit may be granted to a school that has been insured in this program for the three preceding years.

2. Size of School Modification

The following credits may be applied based on the number of students covered on the policy:

Number of Students	Credit
250 – 1,000	5%
1,001– 2,499	10%
2,500+ _	15%

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3. Faculty Continuing Education

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

The following credits may be applied based on the percentage of faculty engaged in continuing education:

Percentage of Faculty in Continuing Education	Credit
More than 75%	10%
60% - 75%	5%
Less than 60%	0%

4. Faculty Management

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

The following credits may be applied based on the percentage of faculty with one year or less tenure:

Percentage of Faculty Management with 1 year or less of tenure	Credit
Less than 15%	10%
15% - 20%	5%
More than 20%	0%

5. Risk Management Education

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice. The application of this credit depends on the length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

Number of Years	Credit
More than three years	10%
1 – 3 years	5%
Less than one year or non-existent	0%

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

7. Separate Limits

Separate Limits are optional for an additional 25% charge with a minimum premium of \$1,000.

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C. Endorsements

1. Additional Insured

Additional insured coverage is available on a shared limit of liability basis. The addition of a facility outside of the school, where students attend clinicals, carries a surcharge of 25% of the policy premium for the students attending the clinical at the additional site. This is subject to a minimum premium of \$165 for each site. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

2. Nurse Practitioner Student Endorsement

This endorsement is available on a shared limit of liability basis. The premium charge for this endorsement will be rates shown in the **Rates** (section XX.B).

XX. RATES

A. Employed vs Self-Employed

1. An insured should pay a Self-Employed rate if any one of the following applies:
 - a. Insured does not have primary Professional Liability coverage through their employer, or if contracting services.
 - b. Insured has employees or independent contractors working on their behalf.
 - c. Insured is the owner of the business through which service is provided.
2. An insured should pay an Employed rate if all of the following applies:
 - a. Insured has primary Professional Liability coverage through their employer and they are not contracting services.
 - b. Insured does not have employees or independent contractors working on their behalf.
 - c. Insured is not the owner of the business through which service is provided.

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- B. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.

Class	Description	Employed	Self Employed
I	A Occupational Therapy Assistant	\$86	\$242
	Certified Occupational Therapy Assistant	\$86	\$242
	Occupational Therapists	\$86	\$242
	B Respiratory Care Provider	\$110	\$370
	Respiratory Care Practitioner	\$110	\$370
	Respiratory Therapist	\$110	\$370
	Respiratory Therapist Aide/Assistant	\$110	\$370
	Respiratory Therapist Technician/Technologist	\$110	\$370
	C Chiropractic Assistant	\$110	\$309
	Podiatric Assistant	\$110	\$309
	D Optometrist	\$732	\$914
	E Optometric Technician/Assistant	\$110	\$274
	Optician	\$110	\$274
	F Polysomnographic Technologist/Technician	\$220	\$741
	G Ophthalmic Technician/Technologist	\$622	\$777

Class	Description	Employed	Self Employed
II	Art Therapist	\$110	\$370
	Dance Therapist	\$110	\$370
	Drama Therapist	\$110	\$370
	Music Therapist	\$110	\$370
	Recreation Therapist	\$110	\$370

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XX.B Rates (continued)

Class	Description	Employed	Self Employed
III	A LPN/LVN	\$104	\$379
	Registered Nurse except Obstetrical, Critical Care Nurses or Neurology Nurses	\$104	\$379
	B Dietician	\$76	\$126
	Dietetic Technician	\$76	\$126
	Nutritionist	\$76	\$126
C	Bio-medical Technician/Technologist	\$110	\$216
	Blood Bank Technician/Technologist	\$110	\$216
	Cardiology Technician/Technologist	\$110	\$216
	Cardiopulmonary Technician/Technologist	\$110	\$216
	Cardiovascular Technician	\$110	\$216
	Certified Lab Technician/Technologist	\$110	\$216
	Certified Medical Assistant	\$110	\$216
	Certified Ophthalmic Photographer	\$110	\$216
	Clinical Lab Technician/Technologist	\$110	\$216
	Community Health Assistant	\$110	\$216
	Community Health Technician/Technologist	\$110	\$216
	Diagnostic Medical Sonographer	\$110	\$216
	Dialysis Technician/Technologist	\$110	\$216
	EEG Technician/Technologist	\$110	\$216
	EKG Technician/Technologist	\$110	\$216
	Electrologist	\$110	\$216
	Electrophysiology Technician/Technologist	\$110	\$216
	Histologic Technician/Technologist	\$110	\$216
	Interpreter for the Deaf	\$110	\$216
	Lactation Consultant	\$110	\$216
	Medical Administrative Assistant	\$110	\$216
	Medical Assistant	\$110	\$216
	Medical Laboratory Technician/Technologist	\$110	\$216
	Medical Records Administrator	\$110	\$216
	Medical Records Technician/Technologist	\$110	\$216
	Medical Technician	\$110	\$216
	Medical Technician/Technologist Assistant	\$110	\$216
	Medical Technologist	\$110	\$216
	Mental Retardation Workers	\$110	\$216
	M.R.I. Technician/Technologist	\$110	\$216
	Nuclear Medical Technician/Technologist	\$110	\$216
	Phlebotomist	\$110	\$216
	Procedural Coders	\$110	\$216
	Radiation Therapist	\$110	\$216
	Radiologic Technician/Technologist	\$110	\$216
	Radiology Technician/Technologist	\$110	\$216
	Surgical Assistant	\$110	\$216
	Surgical Technician/Technologist	\$110	\$216
	Vascular Technician/Technologist	\$110	\$216
	X-Ray Machine Operator	\$110	\$216
	X-Ray Technician/Technologist	\$110	\$216

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XX.B Rates (continued)

Class	Description	Employed	Self Employed
III	D Home Health Aide	\$110	\$119
	E Clinical Nurse Specialist-No Prescriptive Authority	\$114	\$372
	F Nurse Specialist/Educator/ Researcher	\$103	\$335
	G Obstetrical Nurse	\$132	\$482
	H Critical Care Nurse or Neurology Nurse	\$212	\$772
	I Registered Nurse Case Manager	\$129	\$404

Class	Description	Employed	Self Employed
IV	A Pharmacist	\$189	\$509
	B Pharmacy Technician	\$100	\$196
	C Pedorthist	\$124	\$349

Class	Description	Employed	Self Employed
V	Circulation Technician	\$186	\$370
	Perfusionist	\$186	\$370

Class	Description	Employed	Self Employed
VI	A Massage Therapist	\$186	\$216
	B Enterostomal Therapist	\$216	\$370

Class	Description	Employed	Self Employed
VII	A Athletic Trainer	\$247	\$1,173
	B Aerobic Instructor	\$186	\$216
	Bodywork Counselor	\$186	\$216
	Bodywork Therapist	\$186	\$216
	Clinical Exercise Specialist	\$186	\$216
	Exercise Physiologist	\$186	\$216
	Fitness Professional	\$186	\$216
	Golf Instructor	\$186	\$216
	Health Educator	\$186	\$216
	Kinesiologist	\$186	\$216
	Personal Trainer, Certified	\$186	\$216
	Pilates Instructor	\$186	\$216
	Sports Medicine Instructor	\$186	\$216
	Strength and Conditioning Specialist	\$186	\$216
	Structural Bodyworker	\$186	\$216
	Swimming Instructor	\$186	\$216
	Tennis Instructor	\$186	\$216
	Yoga Instructor	\$186	\$216

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XX.B Rates (continued)

Class	Description	Employed	Self Employed
VIII	A Paramedic	\$198	\$284
	B Basic / Intermediate Emergency Medical Technician	\$179	\$258
	C Volunteer Emergency Medical Technician	\$93	\$93

Class	Description	Employed	Self Employed
IX	A Corrective Therapist	\$242	\$690
	Kinesiology Therapist	\$242	\$690
	Physical Therapist	\$242	\$690
	Rehabilitation Therapist	\$242	\$690
	Sports Medicine Therapist	\$242	\$690
	B Physical Therapist Assistant	\$193	\$552
	Rehabilitation Assistant	\$193	\$552
	C Orthopedic Assistant	\$242	\$690
	Orthopedic Technician/Technologist	\$242	\$690
	Orthotist	\$242	\$690

Class	Description	Employed	Self Employed
X	A Educators (licensed Teachers working within Healthcare Groups)	\$133	\$133
	B Medical Director	\$843	\$843
	Administrator	\$843	\$843
	C Health Unit Coordinator	\$843	\$843

Class	Description	Employed	Self Employed
XI	Nurse Practitioners/Clinical Nurse Specialists		
	A Adult / Geriatric / Family Planning / Gynecology Women's Health / Adult Oncology Nurse Practitioner	\$852	\$1,049
	B Psychiatric Nurse Practitioner	\$1,201	\$1,485
	C Pediatric / Neonatal / Family Practice / Acute Critical Care Nurse Practitioner	\$1,554	\$1,919
	D Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics Nurse Practitioner	\$1,908	\$2,358
	E Nurse Practitioner Student	\$297	N/A
	F Clinical Nurse Specialist - Educator, Consultant, Administrator and Researcher	\$639	\$787

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XX.B Rates (continued)

Class	Description	Employed	Self Employed
XII	A Audiologists	\$79	\$144
	Speech Language Pathologist	\$79	\$144
	Speech Hearing Therapist	\$79	\$144
	B Audiology Technician/Technologist	\$79	\$144
	C Employee of an Audiologist/Speech Language Pathologist/Speech Hearing Therapist Firm	\$41	N/A

Class	Description	Employed	Self Employed
XIII	A Dental Hygienists	\$67	\$252
	B Advanced Practice Dental Hygienist	\$67	\$252
	Dental Assistants	\$67	\$252
	Dental Laboratory Tech	\$67	\$252

Class	Description	Employed	Self Employed
XIV	A Laboratory Aide	\$60	\$216
	Nurses Aide	\$60	\$216
	Geriatric Nursing Assistant	\$60	\$216
	Nursing Assistant	\$60	\$216
	Physical Therapy Aide	\$60	\$216
	Other Healthcare Aide (Excluding Home Health Aides)	\$60	\$216
	B Patient Care Technicians	\$79	\$281
C	Medication Aide/Assistant	\$73	\$259

Class	Description	Employed	Self Employed
XV	A Social Worker Clinical	\$135	\$324
	B Psychotherapist / Psychologist	\$486	\$1,025
	Psychiatric Technician	\$486	\$1,025
	C Alcohol/Drug Counselor	\$135	\$356
	Career Counselor	\$135	\$356
	Case Manager	\$135	\$356
	Clinical/Rehabilitation Counselor	\$135	\$356
	Counselor/Therapist	\$135	\$356
	Forensics Counselor	\$135	\$356
	Guidance Counselor	\$135	\$356
	Pastoral Counselor	\$135	\$356
	Personnel Counselor	\$135	\$356
	School Counselor	\$135	\$356
	D Marriage/Family Counselor	\$135	\$286
	Child Development/Family Services Counselor	\$135	\$286

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XX.B Rates (continued):

Class	Description	Employed	Self Employed
XV	E Behavioral Analyst, Certified Behavioral Analysts	\$135	\$324
	F Early Childhood Interventionalist	\$135	\$324
	G Genetic Counselor	\$135	\$324
	H Life Coach Counselor	\$135	\$324

Counties: Cook, DuPage, Madison, St. Clair

Class	Description	Employed	Self Employed
XVI	A Physician Assistant (PA) Class 1 A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	\$5,747	\$5,747
	B Physician Assistant Class 2 A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	\$7,184	\$7,184
	C Physician Assistant Class 3 A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab	\$8,621	\$8,621
	D Physician Assistant Student	\$168	N/A
	Surgeon Assistant Student	\$168	N/A
	Dentist Student	\$168	N/A
	E Registered Radiologist Assistant	\$5,747	\$5,747

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XX.B Rates (continued)

Counties: Remainder of State

Class	Description	Employed	Self Employed
XVI	A Physician Assistant (PA) Class 1 A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	\$4,747	\$4,747
	B Physician Assistant Class 2 A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	\$5,935	\$5,935
	C Physician Assistant Class 3 A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab	\$7,121	\$7,121
	D Physician Assistant Student	\$168	N/A
	Surgeon Assistant Student	\$168	N/A
	Dentist Student	\$168	N/A
	E Registered Radiologist Assistant	\$4,747	\$4,747

Class	Description	Employed	Self Employed
XVII	A Acupuncturist	\$868	\$868
	B Acupuncturist Student	\$168	N/A

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XX.B Rates (continued)

Class	Description	Employed	Self Employed
XVIII	A Trager Practitioner	\$169	\$197
	B Somatic Movement Therapist	\$169	\$197
	C Polarity Therapy Practitioner	\$169	\$197
	D Feldenkrais Practitioner	\$169	\$197
	E Certified Rolfer	\$169	\$197
	F Alexander Technique Instructor	\$169	\$197

C. Students Rates

1. The minimum rate for an individual healthcare student is \$31 at \$1,000,000/\$6,000,000 limit of liability.
2. For Students blanket the rate is \$12 per student for all specialties at \$1,000,000/\$6,000,000 limit of liability.

State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	Explanatory Memorandum v3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	IL RF-3 6-15-12.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	Certification 11-13-12.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Manual
Bypass Reason:	Please see Rate/Rule tab for the manual pages
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Marked Copy
Comments:	
Attachment(s):	Healthcare Professional Rate Rule Pages - Nationwide v6.22.2012 marked copy.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Incumbency
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State:	Illinois	Filing Company:	Chicago Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Healthcare Services		
Project Name/Number:	Healthcare Services/NWMM0112		

Comments:	
Attachment(s):	Certificate of Incumbency.pdf
Item Status:	
Status Date:	

**Explanatory Memorandum
Chicago Insurance Company
One of the Fireman's Fund Insurance Companies
Fireman's Fund *Pro* GARD[®] for Healthcare Services
Medical Professional Liability**

Enclosed for your review is our new medical professional liability product for healthcare services, containing rates/rules which are designed to meet the needs of a variety of healthcare service professionals. The medical professional liability insurance policies provide coverage for those entities and individuals providing professional services in the healthcare professional as well as medical facilities arena. Our new coverage forms address the emerging industry need for additional coverage due to the expanding nature of insurance. These new forms contain the required coverage expansions and provide alternative coverage options to modify coverage based on individual account requirements.

We developed our rates based upon a number of key factors. Refer to the Actuarial Memorandum and supporting exhibits for further details.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New Product Filing

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Medical Malpractice</u>	<u>\$0; New filing</u>	<u>0</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This is a new filing for an insurance product covering Healthcare Professionals; Please refer to the explanatory memorandum.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Chicago Insurance Company

Name of Company

Vice President, Compliance

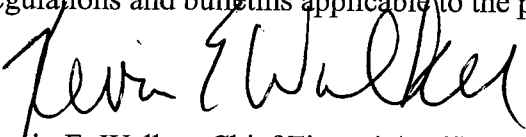
Official - Title


ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 IL CS 5/155.10)(3) state that medical liability rates shall be certified in such filing by an officer of the company and qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kevin E. Walker, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company experience, and that I am knowledgeable for the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Lovely G. Puthenveetil a duly authorized actuary of Fireman's Fund Insurance Companies, am authorized to certify on behalf of Chicago Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rate that are the subject of this filing.


Kevin E. Walker, Chief Financial Officer 11/13/12
Signature and Title of Authorized Insurance Company Officer Date


Lovely G. Puthenveetil, FCAS, MAAA, Associate Actuary 11/13/12
Signature and Title and Designation of Authorized Actuary Date

Insurance Company FEIN 36-6042949 Filing Number: NILMM0112-R

Insurer's Address: 777 San Marin Drive

City: Novato State: California Zip Code 94998

Contact Person's

Name and E-mail Michelle Davanzo michelle.davanzo@ffic.com

Direct Telephone Number 415-899-2660 and Fax Number 866-290-0671

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Medical Professional Liability
Rules and Rates

I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies and, when applicable, Commercial Liability policies, for Healthcare service provider specialties described below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

- A. Policies may be written for a term of one year, and renewed annually thereafter.
- B. Students may be written for a term of one, two or three years. The following factors will be applied:

Length of Policy	Factor to Annual Rates
1 Year	1.00
2 Years	1.94
3 Years	2.80

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. Any amount involving \$0.50 or over shall be rounded to the next highest whole dollar amount.
- B. Any amount involving \$0.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

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VII. RETURN PREMIUM

- A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

VIII. INCREASED/DECREASED LIMITS OF LIABILITY

When higher or lower limits are offered, they will be provided on the following basis for Professional Liability. Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.61
\$100,000 / \$500,000	0.62
\$200,000 / \$600,000	0.69
\$200,000 / \$1,000,000	0.71
\$250,000 / \$750,000	0.72
\$250,000 / \$1,000,000	0.74
\$500,000 / \$500,000	0.79
\$500,000 / \$1,000,000	0.82
\$500,000 / \$1,500,000	0.84
\$500,000 / \$2,500,000	0.86
\$1,000,000 / \$1,000,000	0.94
\$1,000,000 / \$2,000,000	0.95
\$1,000,000 / \$3,000,000	0.96
\$1,000,000 / \$5,000,000	0.98
\$1,000,000 / \$6,000,000	1.00
\$1,000,000 / \$7,000,000	1.02
\$1,000,000 / \$8,000,000	1.03
\$2,000,000 / \$4,000,000	1.20
\$2,000,000 / \$5,000,000	1.22
\$2,000,000 / \$6,000,000	1.23
\$2,000,000 / \$7,000,000	1.24
\$2,000,000 / \$8,000,000	1.25
\$3,000,000 / \$5,000,000	1.36
\$4,000,000 / \$4,000,000	1.47
\$5,000,000 / \$5,000,000	1.54
\$5,000,000 / \$10,000,000	1.57
\$6,000,000 / \$6,000,000	1.61
\$7,000,000 / \$7,000,000	1.66
\$8,000,000 / \$8,000,000	1.70
\$9,000,000 / \$9,000,000	1.74
\$10,000,000 / \$10,000,000	1.78
\$10,000,000 / \$15,000,000	1.86
\$15,000,000 / \$15,000,000	2.00

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IX. DEDUCTIBLES

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When Commercial Liability Insurance is offered, the same deductible amount must be provided for both Professional Liability and Commercial Liability.

Amount	Credit
\$ 0	0.0%
\$ 1,000	1.0%
\$ 2,500	3.0%
\$ 5,000	6.0%
\$ 10,000	10.0%
\$ 15,000	13.0%
\$ 20,000	15.0%
\$ 25,000	17.0%
\$ 50,000	26.0%
\$ 75,000	33.0%
\$ 100,000	40.0%
\$ 250,000	45.0%
\$ 500,000	50.0%
\$ 750,000	55.0%

X. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

XI. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if both of the following conditions are met.

- A. The insured agrees in writing.
- B. The policy would not be written otherwise.

XII. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)

- A. Basic Extended Reporting Period: A Basic Extended Reporting Period of 60 days is provided without additional charge.
- B. Supplemental Extended Reporting Periods: Upon written request of the insured and payment of an additional premium, a Supplemental Extended Reporting Period may be purchased. The additional premium will be based on the expiring annual premium per the table below.

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ERP Length	Percent of Expiring Annual Premium
1 year	70%
2 years	100%
3 years	130%
4 years	160%
5 years	200%
Unlimited	300%

XIII. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

- A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims made policy or the occurrence policy to which the prior acts endorsement shall be applied.
- B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy for limits of \$1,000,000/6,000,000 per occurrence.
- C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.
- D. The premium will be charged annually, but calculated in advance.
- E. Determine the current premium under this policy for limits of \$1M/6M per occurrence.
- F. Multiply D. 1. by the factor for the appropriate prior acts period.

Prior Acts Period	Factor
1 year prior	0.94
2 years prior	1.42
3 years prior	1.64
4+ years prior	1.76

- G. Apply the appropriate Increased/Decreased Limits Factor.

XIV. CALCULATION OF PREMIUM

- A. The premium for the policy shall be the sum of the applicable charges developed below:
- B. If more than one classification is applicable, the higher rated classification will be used for rating.

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C. The annual occurrence premium will be calculated as follows:

1. Determine applicable class.
2. Determine the base rate based on class from item 1.
3. Multiply the base rate by the applicable Increased/Decreased Limit Factor.
4. Multiply base rate from item 3 by the Deductible Factor to determine the Adjusted Base Rate.
5. Determine appropriate Schedule Rating credit/debit factors and add 1.00.
6. Determine total credit/debit factors for Supplemental Modifications, subject to maximum/minimum caps, and add 1.00.
7. Multiply items 5 and 6 to determine the Total Modification Factor.
8. Multiply the Adjusted Base Rate from item 4 by the Total Modification Factor from item 7 to determine the Final Premium.

D. The annual claims made rate for each Healthcare service provider shall be determined for Classes I through XVIII as follows:

1. Determine the occurrence premium.
2. If the Healthcare service provider is just entering practice, or the Healthcare service provider has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one level.
3. If the Healthcare service provider has been insured under a claims made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a. Determine the number of years in which the Healthcare service provider was covered under such claims made policy (ies).
 - b. Determine the number of years in which the Healthcare service provider was uninsured.
 - c. The sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year.
 - d. The sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time occurrence rate, found on the State Page(s) - refer to **Rates** (section XX.B.) - to determine claims made premium:

Class	Step Rate Factor				
	Year 1	Year 2	Year 3	Year 4	Year 5
All	0.32	0.57	0.77	0.84	0.99

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION

To recognize the individual and unique characteristics within each account, it shall be permissible to apply an Individual Risk Premium Modification (IRPM) debit and/or credit to the rates and premiums otherwise developed, depending on the underwriter's overall evaluation of the risk.

The IRPM Plan credits and/or debits are to be added together on an individual basis to determine one overall IRPM Plan credit or debit modification applicable to the entire account. The maximum modification for professional liability premiums shall not exceed +/-50% or as stated in the applicable State Rule pages.

The following outlines the criteria upon which IRPM debits and/or credits may be applied to an individual account.

	<u>CREDIT</u>	<u>DEBIT</u>
1. <i>Procedure Mix</i>	0 - 25%	0 - 25%
Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.		
2. <i>Exposure Modification</i>	0 - 25%	0 - 25%
Applicable to those insureds who have an increased or reduced exposure.		
3. <i>Unusual Risk Characteristics</i>	0 - 25%	0 - 25%
Any unique characteristics of the professional services provided which reflects reduced or increased exposure, for example cosmetic procedures, minor products exposure etc.		
4. <i>Continuing Education</i>	0 - 25%	0 - 25%
Applicable to insureds who are involved in a Chicago Insurance Company approved continuing education program other than risk management programs.		
5. <i>Claims Experience</i>	0 - 25%	0 - 25%
Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.		

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION (continued)

	<u>CREDIT</u>	<u>DEBIT</u>
6. <i>Board Actions</i>	0%	0 - 25%
Any Board of Examiners action, peer review or accreditation action reflecting potentially increased exposure.		
7. <i>Experience Factor</i>	0%	0 - 25%
Any non-renewal activity in the past 10 years		
8. <i>Quality Management</i>	0 - 25%	0 - 25%
Based on loss control/risk management education, ethical or moral standing, number of years in business and multiple medical professions.		
9. <i>Location</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following location characteristics: nursing home, hospital, free standing clinic, home healthcare and multiple locations.		
10. <i>Area of Practice</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following area of practice characteristics: wellness, direct patient care, alternative procedures and cosmetic procedures.		

XVI. Abuse and Molestation Coverage Endorsement

This endorsement provides Abuse and Molestation coverage on claims made or occurrence basis. The rating factor will be applied to the final professional premium.

Limits	Rating Factor
25,000/50,000	0.85
50,000/100,000	0.90
100,000/200,000	0.95
100,000/300,000	0.97
250,000/250,000	1.00
250,000/500,000	1.15
500,000/1000,000	1.25
1,000,000/1000,000	1.50
1,000,000/2000,000	1.60
1,000,000/3000,000	1.70
Excluded	0.80

If coverage is elected only for insured, then reduce factor by 0.025.

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XVII. RULES FOR INDIVIDUALS

A. Supplemental Modifications – Individuals

At no time will the total credit under this section exceed 50%.

1. First Year Graduate

A credit of 50% may be applied for first year graduates except for Nurse Practitioners and Physician Assistants. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare service provider is covered, the higher rate may apply without discount.

This credit is not available if the policy is issued as claims made.

2. Part Time

Individual Healthcare service provider who works 20 or fewer hours per week may be eligible for coverage at a rate reduction of 50% subject to a minimum premium except Physician Assistants, Optometrists and Nurse Practitioners which may be eligible for coverage at a rate reduction of 35% subject to a minimum premium. Owner with a corporation or employees/independent contractor is not eligible for part-time discount.

When part time rates result in an amount that is less than \$100, the rate may be the lesser of either the individual's full time base rate or \$100.

3. Retirement/Leave

An Individual Healthcare service provider who is not actively employed as a Healthcare service provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self-employed incorporate individuals.

4. Individual Risk Management Credit

A credit up to 25% may be applied to the annual total premium applicable to an individual Healthcare service provider who:

- ~~a. Attends a Chicago Insurance Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length.~~
- a. Attends an accredited risk management course or seminar. The course or seminar must be at least four credit hours in length and must be administered by an approved provider of continuing nurse education and be eligible for continuing education credit. The course or seminar must have been completed within the last 12 months in order for a discount to be applied.
- b. Provides evidence of Chicago Insurance Company approved association membership, achievement of healthcare specialization certification, or attendance at course work during an

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association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit may be eligible for annual application.

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5. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

B. Endorsements

1. Additional Insured Endorsement

Additional insured coverage is available on a shared limit of liability basis. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears. This charge will also be applicable for the "Additional Insureds – Specified Practitioners Endorsement".

2. Additional Insureds – Vicarious Liability Endorsement

Additional insured coverage is available on a shared limit of liability basis, for vicarious liability. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

3. Medicare or Medicaid Reimbursement Endorsement

Limits of \$30,000/\$30,000 are available for Medicare or Medicaid Reimbursement coverage. The premium charge for this endorsement will be 2% of the developed premium.

4. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Healthcare service provider's area of specialization.

5. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, managing a patient's total care to ensure optimum outcome or utilization review.

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XVIII. RULES FOR FIRMS

The following rules are applicable to Firms. ~~Firms include corporations, partnerships, organizations, sole proprietorship or incorporated individuals.~~

- **Firms include corporations, partnerships, or organizations.**
- **Firms also include any sole proprietorship that has employees or contracts with independent contractors or self-employed incorporated individuals who have employees or contract with independent contractors.**

A. Firm Rates & Policy Minimum

1. The base rate for a self-employed owner who is an Occupational Therapist (Class 1A) or an Audiologist/Speech Language Pathologist/Speech Hearing Therapist (Class 12A) is the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$100 each. For all other self-employed owner's, the base rate will be the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$300 each.
2. The base rate for each employed LPN/LVN/Registered Nurse (Class 3A), Occupational Therapist (Class 1A), Dietician (Class 3B), Audiologists/Speech Language Pathologist/Speech Hearing Therapist (Class 12A), and Dental Hygienist (Class 13A) will be the employed rate in the State Page(s) - refer to **Rates** (section XX.B.) - but not less than \$100 each. The base rate for each Employee of a self-employed Audiologists/Speech Language Pathologist/Speech Hearing Therapist group (Class 12C) will be the rate in the State Page(s) - refer to **Rates** (section XX.B.).
3. The base rate for each employed Aide, Technician, or Assistant in Classes 1A, 3B, and 12B will be the employed rate in the State Page(s) - refer to **Rates** (section XX.B.) - but not less than \$100 each. The base rate for all other employed Aide, Technician or Assistant classes (excluding Physician Assistants), will be the minimum of the self-employed rate or 1.5 times the employed rate in the State Page(s) – **Rates** (section XX.B.) - but not less than \$175 each.
4. For all other employed healthcare professionals, the base rate will be the minimum of the self-employed rate or 1.5 times the employed rate in the State Page(s) – **Rates** (section XX.B.) - but not less than \$300 each.
5. The following minimum premium per policy shall apply to all firm policies except self-employed incorporated individuals with no employees. For these individuals, the self-employed individual rate as shown in the State Page(s) - refer to **Rates** (section XX.B.) shall apply as the Minimum.

Nurse Practitioner Firm	\$ 2,500
Physical Therapy Firms of 15 or more	\$ 5,000
Optometrists	\$ 5,000

6. A 15% debit will be applied to Physical Therapist Firms.

B. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

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The full time equivalent rule is subject to minimum policy premium.

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C. Supplemental Modifications – Firms

At no time will the total credit under this section exceed 50%.

1. Size of Business

A credit may be given based on the number of Healthcare service providers associated with the business. The following may be applied:

# of Providers	Credit
2 - 9	4%
10 - 14	8%
15 or more	12%

2. Risk Management Credit

A credit up to 25% may be applied to the annual total premium applicable to a firm who:

- a. Attends an accredited risk management course or seminar. The course or seminar must be at least four credit hours in length and must be administered by an approved provider of continuing nurse education and be eligible for continuing education credit. The course or seminar must have been completed within the last 12 months in order for a discount to be applied.
- b. Provides evidence of Chicago Insurance Company approved; association membership, or achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit may be eligible for annual application.
- c. 50% of the insured professionals within a firm must have attended a ~~seminar~~ **and completed a course or seminar meeting the criteria of a. above** for this credit to apply.

3. Registry/Staffing

A surcharge of 25% of developed premium before debits/credits may be added to Firms that provide staffing to other facilities, firms or locations.

4. Background Check

A surcharge of 25% of developed premium before debits/credits may be added to Firms not performing background checks on their employees and independent contractors.

5. Nursing Home/Assisted Living

A surcharge of 25% of developed premium before debits/credits may be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

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6. High Tech/Critical Care

A surcharge of 25% of developed premium before debits/credits may be added to Firms performing High Tech or Critical Care.

High Tech / Critical Care is defined as a branch of medicine concerned with the diagnosis and management of life threatening conditions requiring sophisticated organ support and invasive monitoring. As an example, this type of business or firm would perform such functions on patients such as Trach care, Ventilator care, or Chemotherapy.

7. Separate Limits

Separate Limits are optional. When selected, the following debit structure is applied based upon the corresponding number of employees:

# of Ratable Employees	Debit
1	10.0%
2 - 9	12.0%
10 - 14	15.5%
15 or more	17.5%

8. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

9. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

D. Endorsements

1. Additional Insured

Additional insured coverage (except for Independent Contractors) is available on a shared limits of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

For an Independent Contractor who shows proof of insurance, the rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. If there is no proof of insurance, the Independent Contractor will be charged a self-employed class rate.

2. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

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3. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

E. Commercial Liability

Base Commercial Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased subject to the provisions below:

1. The following may be applicable for insureds that do not have any real estate exposures and products liability exposures:
 - a. Optional Commercial Liability coverage may be purchased by incorporated individuals or firms. The annual base rate will be \$150 for the first location, with a \$50 charge per additional practice location.
 - b. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to a \$150 per minimum policy premium.
2. For insureds that have a real estate exposure and may have products liability exposures, the annual base rate is as follows:

Type of Risk	Exposure Base		Base Rate	
	Premises & Operations	Products	Premises & Operations	Products
Home Health & Temporary Staffing	# of Locations	Sales (per \$1000)	1019	1.99
Laboratory	Sales (per \$1000)	Sales (per \$1000)	0.50	1.99
Dialysis Center	# of Locations	Sales (per \$1000)	640	1.99
Outpatient Treatment/Clinic	# of Locations	Sales (per \$1000)	640	1.99
Counselor	# of Locations	Sales (per \$1000)	640	1.99
Pharmacists	# of Locations	Sales (per \$1000)	1274	1.99
Physical Therapist	# of Locations	Sales (per \$1000)	1274	1.99
Ambulatory Transportation	# of Locations	Sales (per \$1000)	640	1.99
Miscellaneous	# of Locations	Sales (per \$1000)	320	1.99

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3. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.70
\$100,000 / \$500,000	0.75
\$200,000 / \$600,000	0.80
\$200,000 / \$1,000,000	0.82
\$250,000 / \$750,000	0.83
\$250,000 / \$1,000,000	0.84
\$500,000 / \$500,000	0.85
\$500,000 / \$1,000,000	0.92
\$500,000 / \$1,500,000	0.95
\$500,000 / \$2,500,000	0.98
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01

4. Additional Insured Endorsement – Commercial Liability

- a. For insureds that do not have any real estate exposures or products liability exposures, additional insured coverage is available on a shared limits of liability basis at no additional charge.
- b. For insureds that have a real estate exposure and may have products liability exposures, additional insured coverage is available on a shared limits of liability basis for the following categories. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.
 - i. Managers or Lessors of Premises
 - ii. Charitable Institutions
 - iii. Co-Owner of Premises
 - iv. Designated Person or Organization
 - v. Mortgagee, Assignee, or Receiver

5. Non-Owned Auto Endorsement

This endorsement provides hired and non-owned auto liability coverage. The charge for this coverage is 15% of the sum of the Professional Liability and Commercial Liability premium.

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6. Employee Benefits Administration Liability Endorsement

This endorsement provides coverage for employee benefits liability for claims made or occurrence coverage. The charge for the endorsement is based on the table below:

Limit (\$000's)	Number of Employees			
	0-100	101-500	501-1000	1001+
\$25/\$50	\$300	\$350	\$450	\$625
\$100/\$300	\$450	\$525	\$700	\$950
\$500/\$500	\$595	\$695	\$895	\$1240
\$500/\$1000	\$605	\$705	\$910	\$1260
\$1000/\$1000	\$655	\$765	\$985	\$1370
\$1000/\$2000	\$675	\$785	\$1010	\$1400

XIX. RULES FOR SCHOOL BLANKET

The following rules are applicable to the School Blanket Policy for Healthcare service provider Students

A. School Rates & Policy Minimum

1. Calculations will be made based on the estimated number of students (total annual headcount) in each of the covered curricula at the inception of the policy period.
2. A \$300 minimum annual premium shall apply to each School Blanket policy.

B. Supplemental Modifications – School Blanket

Modifications developed under the following shall be summed and applied as a single factor, subject to a maximum credit of 40%.

1. Longevity Credit

At the inception of a fourth consecutive policy period, a 5% credit may be granted to a school that has been insured in this program for the three preceding years.

2. Size of School Modification

The following credits may be applied based on the number of students covered on the policy:

Number of Students	Credit
250 – 1,000	5%
1,001– 2,499	10%
2,500+__	15%

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3. Faculty Continuing Education

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

The following credits may be applied based on the percentage of faculty engaged in continuing education:

Percentage of Faculty in Continuing Education	Credit
More than 75%	10%
60% - 75%	5%
Less than 60%	0%

4. Faculty Management

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

The following credits may be applied based on the percentage of faculty with one year or less tenure:

Percentage of Faculty Management with 1 year or less of tenure	Credit
Less than 15%	10%
15% - 20%	5%
More than 20%	0%

5. Risk Management Education

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice. The application of this credit depends on the length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

Number of Years	Credit
More than three years	10%
1 – 3 years	5%
Less than one year or non-existent	0%

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

7. Separate Limits

Separate Limits are optional for an additional 25% charge with a minimum premium of \$1,000.

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C. Endorsements

1. Additional Insured

Additional insured coverage is available on a shared limit of liability basis. The addition of a facility outside of the school, where students attend clinicals, carries a surcharge of 25% of the policy premium for the students attending the clinical at the additional site. This is subject to a minimum premium of \$165 for each site. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

2. Nurse Practitioner Student Endorsement

This endorsement is available on a shared limit of liability basis. The premium charge for this endorsement will be rates shown in the State Page(s) - refer to **Rates** (section XX.B).

XX. RATES

A. Employed vs Self-Employed

1. An insured should pay a Self-Employed rate if any one of the following applies:
 - a. Insured does not have primary Professional Liability coverage through their employer, or if contracting services.
 - b. Insured has employees or independent contractors working on their behalf.
 - c. Insured is the owner of the business through which service is provided.
2. An insured should pay an Employed rate if all of the following applies:
 - a. Insured has primary Professional Liability coverage through their employer and they are not contracting services.
 - b. Insured does not have employees or independent contractors working on their behalf.
 - c. Insured is not the owner of the business through which service is provided.

- B. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.**

See supplemental State Page(s) for applicable Class I though XVIII descriptions and corresponding Employed and Self-employed rates.

C. Students Rates

1. The minimum rate for an individual healthcare student is \$31 at \$1,000,000/\$6,000,000 limit of liability.
2. For Students blanket the rate is \$12 per student for all specialties at \$1,000,000/\$6,000,000 limit of liability.

CERTIFICATE OF INCUMBENCY

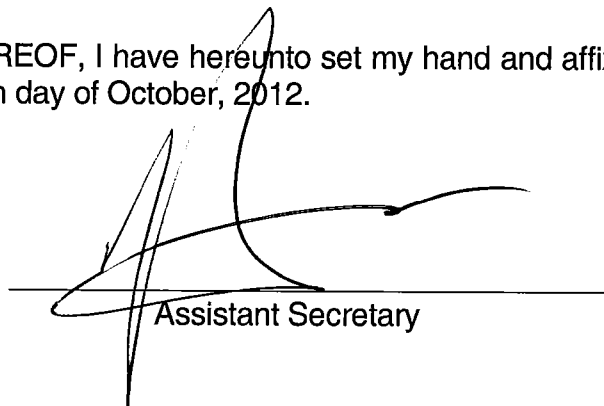
I, J. Terry Griffith, Assistant Secretary of Chicago Insurance Company, a corporation duly organized and existing under and by virtue of the laws of the State of Illinois, do hereby certify that the person hereinafter named now holds and is a duly appointed officer of the designated office of this Corporation:

William S. Paukovitz

Vice President

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of this Corporation this 25th day of October, 2012.

(Seal)



Assistant Secretary

State: Illinois
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Healthcare Services
Project Name/Number: Healthcare Services/NWMM0112

Filing Company: Chicago Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/29/2012		Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	09/27/2012	Healthcare Professional Rate Rule Pages - Nationwide v6.22.2012.pdf (Superceded)
06/15/2012		Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	06/29/2012	Healthcare Professional Rate Rule Pages - Nationwide v4.27.2012.pdf (Superceded)
06/15/2012		Rate	Fireman's Fund ProGARD for Healthcare Services Medical Professional Liability Rules and Rates	09/27/2012	Healthcare - Supplemental State Rate Pages - Illinois 6.12.12.pdf (Superceded)
04/25/2012		Supporting Document	Certification	11/13/2012	Certification.pdf (Superceded)

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I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies and, when applicable, Commercial Liability policies, for Healthcare service provider specialties described below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

- A. Policies may be written for a term of one year, and renewed annually thereafter.
- B. Students may be written for a term of one, two or three years. The following factors will be applied:

Length of Policy	Factor to Annual Rates
1 Year	1.00
2 Years	1.94
3 Years	2.80

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. Any amount involving \$0.50 or over shall be rounded to the next highest whole dollar amount.
- B. Any amount involving \$0.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

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VII. RETURN PREMIUM

- A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

VIII. INCREASED/DECREASED LIMITS OF LIABILITY

When higher or lower limits are offered, they will be provided on the following basis for Professional Liability. Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.61
\$100,000 / \$500,000	0.62
\$200,000 / \$600,000	0.69
\$200,000 / \$1,000,000	0.71
\$250,000 / \$750,000	0.72
\$250,000 / \$1,000,000	0.74
\$500,000 / \$500,000	0.79
\$500,000 / \$1,000,000	0.82
\$500,000 / \$1,500,000	0.84
\$500,000 / \$2,500,000	0.86
\$1,000,000 / \$1,000,000	0.94
\$1,000,000 / \$2,000,000	0.95
\$1,000,000 / \$3,000,000	0.96
\$1,000,000 / \$5,000,000	0.98
\$1,000,000 / \$6,000,000	1.00
\$1,000,000 / \$7,000,000	1.02
\$1,000,000 / \$8,000,000	1.03
\$2,000,000 / \$4,000,000	1.20
\$2,000,000 / \$5,000,000	1.22
\$2,000,000 / \$6,000,000	1.23
\$2,000,000 / \$7,000,000	1.24
\$2,000,000 / \$8,000,000	1.25
\$3,000,000 / \$5,000,000	1.36
\$4,000,000 / \$4,000,000	1.47
\$5,000,000 / \$5,000,000	1.54
\$5,000,000 / \$10,000,000	1.57
\$6,000,000 / \$6,000,000	1.61
\$7,000,000 / \$7,000,000	1.66
\$8,000,000 / \$8,000,000	1.70
\$9,000,000 / \$9,000,000	1.74
\$10,000,000 / \$10,000,000	1.78
\$10,000,000 / \$15,000,000	1.86
\$15,000,000 / \$15,000,000	2.00

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IX. DEDUCTIBLES

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When Commercial Liability Insurance is offered, the same deductible amount must be provided for both Professional Liability and Commercial Liability.

Amount	Credit
\$ 0	0.0%
\$ 1,000	1.0%
\$ 2,500	3.0%
\$ 5,000	6.0%
\$ 10,000	10.0%
\$ 15,000	13.0%
\$ 20,000	15.0%
\$ 25,000	17.0%
\$ 50,000	26.0%
\$ 75,000	33.0%
\$ 100,000	40.0%
\$ 250,000	45.0%
\$ 500,000	50.0%
\$ 750,000	55.0%

X. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

XI. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if both of the following conditions are met.

- A. The insured agrees in writing.
- B. The policy would not be written otherwise.

XII. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)

- A. Basic Extended Reporting Period: A Basic Extended Reporting Period of 60 days is provided without additional charge.
- B. Supplemental Extended Reporting Periods: Upon written request of the insured and payment of an additional premium, a Supplemental Extended Reporting Period may be purchased. The additional premium will be based on the expiring annual premium per the table below.

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ERP Length	Percent of Expiring Annual Premium
1 year	70%
2 years	100%
3 years	130%
4 years	160%
5 years	200%
Unlimited	300%

XIII. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

- A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims made policy or the occurrence policy to which the prior acts endorsement shall be applied.
- B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy for limits of \$1,000,000/6,000,000 per occurrence.
- C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.
- D. The premium will be charged annually, but calculated in advance.
- E. Determine the current premium under this policy for limits of \$1M/6M per occurrence.
- F. Multiply D. 1. by the factor for the appropriate prior acts period.

Prior Acts Period	Factor
1 year prior	0.94
2 years prior	1.42
3 years prior	1.64
4+ years prior	1.76

- G. Apply the appropriate Increased/Decreased Limits Factor.

XIV. CALCULATION OF PREMIUM

- A. The premium for the policy shall be the sum of the applicable charges developed below:
- B. If more than one classification is applicable, the higher rated classification will be used for rating.

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C. The annual occurrence premium will be calculated as follows:

1. Determine applicable class.
2. Determine the base rate based on class from item 1.
3. Multiply the base rate by the applicable Increased/Decreased Limit Factor.
4. Multiply base rate from item 3 by the Deductible Factor to determine the Adjusted Base Rate.
5. Determine appropriate Schedule Rating credit/debit factors and add 1.00.
6. Determine total credit/debit factors for Supplemental Modifications, subject to maximum/minimum caps, and add 1.00.
7. Multiply items 5 and 6 to determine the Total Modification Factor.
8. Multiply the Adjusted Base Rate from item 4 by the Total Modification Factor from item 7 to determine the Final Premium.

D. The annual claims made rate for each Healthcare service provider shall be determined for Classes I through XVIII as follows:

1. Determine the occurrence premium.
2. If the Healthcare service provider is just entering practice, or the Healthcare service provider has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one level.
3. If the Healthcare service provider has been insured under a claims made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a. Determine the number of years in which the Healthcare service provider was covered under such claims made policy (ies).
 - b. Determine the number of years in which the Healthcare service provider was uninsured.
 - c. The sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year.
 - d. The sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time occurrence rate, found on the State Page(s) - refer to **Rates** (section XX.B.) - to determine claims made premium:

Class	Step Rate Factor				
	Year 1	Year 2	Year 3	Year 4	Year 5
All	0.32	0.57	0.77	0.84	0.99

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION

To recognize the individual and unique characteristics within each account, it shall be permissible to apply an Individual Risk Premium Modification (IRPM) debit and/or credit to the rates and premiums otherwise developed, depending on the underwriter's overall evaluation of the risk.

The IRPM Plan credits and/or debits are to be added together on an individual basis to determine one overall IRPM Plan credit or debit modification applicable to the entire account. The maximum modification for professional liability premiums shall not exceed +/-50% or as stated in the applicable State Rule pages.

The following outlines the criteria upon which IRPM debits and/or credits may be applied to an individual account.

	<u>CREDIT</u>	<u>DEBIT</u>
1. <i>Procedure Mix</i>	0 - 25%	0 - 25%
Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.		
2. <i>Exposure Modification</i>	0 - 25%	0 - 25%
Applicable to those insureds who have an increased or reduced exposure.		
3. <i>Unusual Risk Characteristics</i>	0 - 25%	0 - 25%
Any unique characteristics of the professional services provided which reflects reduced or increased exposure, for example cosmetic procedures, minor products exposure etc.		
4. <i>Continuing Education</i>	0 - 25%	0 - 25%
Applicable to insureds who are involved in a Chicago Insurance Company approved continuing education program other than risk management programs.		
5. <i>Claims Experience</i>	0 - 25%	0 - 25%
Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.		

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION (continued)

	<u>CREDIT</u>	<u>DEBIT</u>
6. <i>Board Actions</i>	0%	0 - 25%
Any Board of Examiners action, peer review or accreditation action reflecting potentially increased exposure.		
7. <i>Experience Factor</i>	0%	0 - 25%
Any non-renewal activity in the past 10 years		
8. <i>Quality Management</i>	0 - 25%	0 - 25%
Based on loss control/risk management education, ethical or moral standing, number of years in business and multiple medical professions.		
9. <i>Location</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following location characteristics: nursing home, hospital, free standing clinic, home healthcare and multiple locations.		
10. <i>Area of Practice</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following area of practice characteristics: wellness, direct patient care, alternative procedures and cosmetic procedures.		

XVI. Abuse and Molestation Coverage Endorsement

This endorsement provides Abuse and Molestation coverage on claims made or occurrence basis. The rating factor will be applied to the final professional premium.

Limits	Rating Factor
25,000/50,000	0.85
50,000/100,000	0.90
100,000/200,000	0.95
100,000/300,000	0.97
250,000/250,000	1.00
250,000/500,000	1.15
500,000/1000,000	1.25
1,000,000/1000,000	1.50
1,000,000/2000,000	1.60
1,000,000/3000,000	1.70
Excluded	0.80

If coverage is elected only for insured, then reduce factor by 0.025.

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XVII. RULES FOR INDIVIDUALS

A. Supplemental Modifications – Individuals

At no time will the total credit under this section exceed 50%.

1. First Year Graduate

A credit of 50% may be applied for first year graduates except for Nurse Practitioners and Physician Assistants. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare service provider is covered, the higher rate may apply without discount.

This credit is not available if the policy is issued as claims made.

2. Part Time

Individual Healthcare service provider who works 20 or fewer hours per week may be eligible for coverage at a rate reduction of 50% subject to a minimum premium except Physician Assistants, Optometrists and Nurse Practitioners which may be eligible for coverage at a rate reduction of 35% subject to a minimum premium. Owner with a corporation or employees/independent contractor is not eligible for part-time discount.

When part time rates result in an amount that is less than \$100, the rate may be the lesser of either the individual's full time base rate or \$100.

3. Retirement/Leave

An Individual Healthcare service provider who is not actively employed as a Healthcare service provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self-employed incorporate individuals.

4. Individual Risk Management Credit

A credit up to 25% may be applied to the annual total premium applicable to an individual Healthcare service provider who:

- a. Attends an accredited risk management course or seminar. The course or seminar must be at least four credit hours in length and must be administered by an approved provider of continuing nurse education and be eligible for continuing education credit. The course or seminar must have been completed within the last 12 months in order for a discount to be applied.
- b. Provides evidence of Chicago Insurance Company approved association membership, achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit may be eligible for annual application.

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5. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

B. Endorsements

1. Additional Insured Endorsement

Additional insured coverage is available on a shared limit of liability basis. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears. This charge will also be applicable for the "Additional Insureds – Specified Practitioners Endorsement".

2. Additional Insureds – Vicarious Liability Endorsement

Additional insured coverage is available on a shared limit of liability basis, for vicarious liability. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

3. Medicare or Medicaid Reimbursement Endorsement

Limits of \$30,000/\$30,000 are available for Medicare or Medicaid Reimbursement coverage. The premium charge for this endorsement will be 2% of the developed premium.

4. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Healthcare service provider's area of specialization.

5. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, managing a patient's total care to ensure optimum outcome or utilization review.

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XVIII. RULES FOR FIRMS

The following rules are applicable to Firms.

- Firms include corporations, partnerships, or organizations.
- Firms also include any sole proprietorship that has employees or contracts with independent contractors or self-employed incorporated individuals who have employees or contract with independent contractors.

A. Firm Rates & Policy Minimum

1. The base rate for a self-employed owner who is an Occupational Therapist (Class 1A) or an Audiologist/Speech Language Pathologist/Speech Hearing Therapist (Class 12A) is the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$100 each. For all other self-employed owner's, the base rate will be the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$300 each.
2. The base rate for each employed LPN/LVN/Registered Nurse (Class 3A), Occupational Therapist (Class 1A), Dietician (Class 3B), Audiologists/Speech Language Pathologist/Speech Hearing Therapist (Class 12A), and Dental Hygienist (Class 13A) will be the employed rate in the State Page(s) - refer to **Rates** (section XX.B.) - but not less than \$100 each. The base rate for each Employee of a self-employed Audiologists/Speech Language Pathologist/Speech Hearing Therapist group (Class 12C) will be the rate in the State Page(s) - refer to **Rates** (section XX.B.).
3. The base rate for each employed Aide, Technician, or Assistant in Classes 1A, 3B, and 12B will be the employed rate in the State Page(s) - refer to **Rates** (section XX.B.) - but not less than \$100 each. The base rate for all other employed Aide, Technician or Assistant classes (excluding Physician Assistants), will be the minimum of the self-employed rate or 1.5 times the employed rate in the State Page(s) – **Rates** (section XX.B.) - but not less than \$175 each.
4. For all other employed healthcare professionals, the base rate will be the minimum of the self-employed rate or 1.5 times the employed rate in the State Page(s) – **Rates** (section XX.B.) - but not less than \$300 each.
5. The following minimum premium per policy shall apply to all firm policies except self-employed incorporated individuals with no employees. For these individuals, the self-employed individual rate as shown in the State Page(s) - refer to **Rates** (section XX.B.) shall apply as the Minimum.

Nurse Practitioner Firm	\$ 2,500
Physical Therapy Firms of 15 or more	\$ 5,000
Optometrists	\$ 5,000

6. A 15% debit will be applied to Physical Therapist Firms.

B. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium.

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C. Supplemental Modifications – Firms

At no time will the total credit under this section exceed 50%.

1. Size of Business

A credit may be given based on the number of Healthcare service providers associated with the business. The following may be applied:

# of Providers	Credit
2 - 9	4%
10 - 14	8%
15 or more	12%

2. Risk Management Credit

A credit up to 25% may be applied to the annual total premium applicable to a firm who:

- a. Attends an accredited risk management course or seminar. The course or seminar must be at least four credit hours in length and must be administered by an approved provider of continuing nurse education and be eligible for continuing education credit. The course or seminar must have been completed within the last 12 months in order for a discount to be applied.
- b. Provides evidence of Chicago Insurance Company approved; association membership, or achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit may be eligible for annual application.
- c. 50% of the insured professionals within a firm must have attended and completed a course or seminar meeting the criteria of a. above for this credit to apply.

3. Registry/Staffing

A surcharge of 25% of developed premium before debits/credits may be added to Firms that provide staffing to other facilities, firms or locations.

4. Background Check

A surcharge of 25% of developed premium before debits/credits may be added to Firms not performing background checks on their employees and independent contractors.

5. Nursing Home/Assisted Living

A surcharge of 25% of developed premium before debits/credits may be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

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6. High Tech/Critical Care

A surcharge of 25% of developed premium before debits/credits may be added to Firms performing High Tech or Critical Care.

High Tech / Critical Care is defined as a branch of medicine concerned with the diagnosis and management of life threatening conditions requiring sophisticated organ support and invasive monitoring. As an example, this type of business or firm would perform such functions on patients such as Trach care, Ventilator care, or Chemotherapy.

7. Separate Limits

Separate Limits are optional. When selected, the following debit structure is applied based upon the corresponding number of employees:

# of Ratable Employees	Debit
1	10.0%
2 - 9	12.0%
10 - 14	15.5%
15 or more	17.5%

8. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

9. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

D. Endorsements

1. Additional Insured

Additional insured coverage (except for Independent Contractors) is available on a shared limits of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

For an Independent Contractor who shows proof of insurance, the rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. If there is no proof of insurance, the Independent Contractor will be charged a self-employed class rate.

2. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

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3. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

E. Commercial Liability

Base Commercial Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased subject to the provisions below:

1. The following may be applicable for insureds that do not have any real estate exposures and products liability exposures:
 - a. Optional Commercial Liability coverage may be purchased by incorporated individuals or firms. The annual base rate will be \$150 for the first location, with a \$50 charge per additional practice location.
 - b. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to a \$150 per minimum policy premium.
2. For insureds that have a real estate exposure and may have products liability exposures, the annual base rate is as follows:

Type of Risk	Exposure Base		Base Rate	
	Premises & Operations	Products	Premises & Operations	Products
Home Health & Temporary Staffing	# of Locations	Sales (per \$1000)	1019	1.99
Laboratory	Sales (per \$1000)	Sales (per \$1000)	0.50	1.99
Dialysis Center	# of Locations	Sales (per \$1000)	640	1.99
Outpatient Treatment/Clinic	# of Locations	Sales (per \$1000)	640	1.99
Counselor	# of Locations	Sales (per \$1000)	640	1.99
Pharmacists	# of Locations	Sales (per \$1000)	1274	1.99
Physical Therapist	# of Locations	Sales (per \$1000)	1274	1.99
Ambulatory Transportation	# of Locations	Sales (per \$1000)	640	1.99
Miscellaneous	# of Locations	Sales (per \$1000)	320	1.99

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3. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.70
\$100,000 / \$500,000	0.75
\$200,000 / \$600,000	0.80
\$200,000 / \$1,000,000	0.82
\$250,000 / \$750,000	0.83
\$250,000 / \$1,000,000	0.84
\$500,000 / \$500,000	0.85
\$500,000 / \$1,000,000	0.92
\$500,000 / \$1,500,000	0.95
\$500,000 / \$2,500,000	0.98
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01

4. Additional Insured Endorsement – Commercial Liability

- a. For insureds that do not have any real estate exposures or products liability exposures, additional insured coverage is available on a shared limits of liability basis at no additional charge.
- b. For insureds that have a real estate exposure and may have products liability exposures, additional insured coverage is available on a shared limits of liability basis for the following categories. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.
 - i. Managers or Lessors of Premises
 - ii. Charitable Institutions
 - iii. Co-Owner of Premises
 - iv. Designated Person or Organization
 - v. Mortgagee, Assignee, or Receiver

5. Non-Owned Auto Endorsement

This endorsement provides hired and non-owned auto liability coverage. The charge for this coverage is 15% of the sum of the Professional Liability and Commercial Liability premium.

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6. Employee Benefits Administration Liability Endorsement

This endorsement provides coverage for employee benefits liability for claims made or occurrence coverage. The charge for the endorsement is based on the table below:

Limit (\$000's)	Number of Employees			
	0-100	101-500	501-1000	1001+
\$25/\$50	\$300	\$350	\$450	\$625
\$100/\$300	\$450	\$525	\$700	\$950
\$500/\$500	\$595	\$695	\$895	\$1240
\$500/\$1000	\$605	\$705	\$910	\$1260
\$1000/\$1000	\$655	\$765	\$985	\$1370
\$1000/\$2000	\$675	\$785	\$1010	\$1400

XIX. RULES FOR SCHOOL BLANKET

The following rules are applicable to the School Blanket Policy for Healthcare service provider Students

A. School Rates & Policy Minimum

- Calculations will be made based on the estimated number of students (total annual headcount) in each of the covered curricula at the inception of the policy period.
- A \$300 minimum annual premium shall apply to each School Blanket policy.

B. Supplemental Modifications – School Blanket

Modifications developed under the following shall be summed and applied as a single factor, subject to a maximum credit of 40%.

1. Longevity Credit

At the inception of a fourth consecutive policy period, a 5% credit may be granted to a school that has been insured in this program for the three preceding years.

2. Size of School Modification

The following credits may be applied based on the number of students covered on the policy:

Number of Students	Credit
250 – 1,000	5%
1,001– 2,499	10%
2,500+__	15%

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3. Faculty Continuing Education

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

The following credits may be applied based on the percentage of faculty engaged in continuing education:

Percentage of Faculty in Continuing Education	Credit
More than 75%	10%
60% - 75%	5%
Less than 60%	0%

4. Faculty Management

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

The following credits may be applied based on the percentage of faculty with one year or less tenure:

Percentage of Faculty Management with 1 year or less of tenure	Credit
Less than 15%	10%
15% - 20%	5%
More than 20%	0%

5. Risk Management Education

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice. The application of this credit depends on the length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

Number of Years	Credit
More than three years	10%
1 – 3 years	5%
Less than one year or non-existent	0%

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

7. Separate Limits

Separate Limits are optional for an additional 25% charge with a minimum premium of \$1,000.

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C. Endorsements

1. Additional Insured

Additional insured coverage is available on a shared limit of liability basis. The addition of a facility outside of the school, where students attend clinicals, carries a surcharge of 25% of the policy premium for the students attending the clinical at the additional site. This is subject to a minimum premium of \$165 for each site. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

2. Nurse Practitioner Student Endorsement

This endorsement is available on a shared limit of liability basis. The premium charge for this endorsement will be rates shown in the State Page(s) - refer to **Rates** (section XX.B).

XX. RATES

A. Employed vs Self-Employed

1. An insured should pay a Self-Employed rate if any one of the following applies:
 - a. Insured does not have primary Professional Liability coverage through their employer, or if contracting services.
 - b. Insured has employees or independent contractors working on their behalf.
 - c. Insured is the owner of the business through which service is provided.
2. An insured should pay an Employed rate if all of the following applies:
 - a. Insured has primary Professional Liability coverage through their employer and they are not contracting services.
 - b. Insured does not have employees or independent contractors working on their behalf.
 - c. Insured is not the owner of the business through which service is provided.

- B. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.**

See supplemental State Page(s) for applicable Class I though XVIII descriptions and corresponding Employed and Self-employed rates.

C. Students Rates

1. The minimum rate for an individual healthcare student is \$31 at \$1,000,000/\$6,000,000 limit of liability.
2. For Students blanket the rate is \$12 per student for all specialties at \$1,000,000/\$6,000,000 limit of liability.

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I. APPLICATION OF MANUAL RULES

- A. The rules contained in these pages shall govern the writing of Professional Liability policies and, when applicable, Commercial Liability policies, for Healthcare service provider specialties described below.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith, shall govern in all cases not specifically provided for herein.

II. POLICY TERM

- A. Policies may be written for a term of one year, and renewed annually thereafter.
- B. Students may be written for a term of one, two or three years. The following factors will be applied:

Length of Policy	Factor to Annual Rates
1 Year	1.00
2 Years	1.94
3 Years	2.80

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rates and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is issued for other than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at each step of the computation process in accordance with the Whole Dollar Rule, as opposed to rounding the final premium.

IV. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

V. WHOLE DOLLAR RULE

In the event the rating procedure does not result in a whole dollar:

- A. Any amount involving \$0.50 or over shall be rounded to the next highest whole dollar amount.
- B. Any amount involving \$0.49 or less shall be rounded down to the next lower whole dollar amount.

VI. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change.

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VII. RETURN PREMIUM

- A. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- B. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.

VIII. INCREASED/DECREASED LIMITS OF LIABILITY

When higher or lower limits are offered, they will be provided on the following basis for Professional Liability. Rates are derived using the standard \$1,000,000 / \$6,000,000 base rates.

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.61
\$100,000 / \$500,000	0.62
\$200,000 / \$600,000	0.69
\$200,000 / \$1,000,000	0.71
\$250,000 / \$750,000	0.72
\$250,000 / \$1,000,000	0.74
\$500,000 / \$500,000	0.79
\$500,000 / \$1,000,000	0.82
\$500,000 / \$1,500,000	0.84
\$500,000 / \$2,500,000	0.86
\$1,000,000 / \$1,000,000	0.94
\$1,000,000 / \$2,000,000	0.95
\$1,000,000 / \$3,000,000	0.96
\$1,000,000 / \$5,000,000	0.98
\$1,000,000 / \$6,000,000	1.00
\$1,000,000 / \$7,000,000	1.02
\$1,000,000 / \$8,000,000	1.03
\$2,000,000 / \$4,000,000	1.20
\$2,000,000 / \$5,000,000	1.22
\$2,000,000 / \$6,000,000	1.23
\$2,000,000 / \$7,000,000	1.24
\$2,000,000 / \$8,000,000	1.25
\$3,000,000 / \$5,000,000	1.36
\$4,000,000 / \$4,000,000	1.47
\$5,000,000 / \$5,000,000	1.54
\$5,000,000 / \$10,000,000	1.57
\$6,000,000 / \$6,000,000	1.61
\$7,000,000 / \$7,000,000	1.66
\$8,000,000 / \$8,000,000	1.70
\$9,000,000 / \$9,000,000	1.74
\$10,000,000 / \$10,000,000	1.78
\$10,000,000 / \$15,000,000	1.86
\$15,000,000 / \$15,000,000	2.00

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IX. DEDUCTIBLES

When deductible options are requested or required, the following credits should be applied to the developed policy premium. When Commercial Liability Insurance is offered, the same deductible amount must be provided for both Professional Liability and Commercial Liability.

Amount	Credit
\$ 0	0.0%
\$ 1,000	1.0%
\$ 2,500	3.0%
\$ 5,000	6.0%
\$ 10,000	10.0%
\$ 15,000	13.0%
\$ 20,000	15.0%
\$ 25,000	17.0%
\$ 50,000	26.0%
\$ 75,000	33.0%
\$ 100,000	40.0%
\$ 250,000	45.0%
\$ 500,000	50.0%
\$ 750,000	55.0%

X. POLICY CANCELLATIONS

Return premium will be computed pro-rata in accordance with the Whole Dollar Rule using the rules, rates and rating plans in effect at the inception of this policy period.

XI. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if both of the following conditions are met.

- A. The insured agrees in writing.
- B. The policy would not be written otherwise.

XII. EXTENDED REPORTING PERIOD COVERAGE (Claims Made Only)

- A. Basic Extended Reporting Period: A Basic Extended Reporting Period of 60 days is provided without additional charge.
- B. Supplemental Extended Reporting Periods: Upon written request of the insured and payment of an additional premium, a Supplemental Extended Reporting Period may be purchased. The additional premium will be based on the expiring annual premium per the table below.

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ERP Length	Percent of Expiring Annual Premium
1 year	70%
2 years	100%
3 years	130%
4 years	160%
5 years	200%
Unlimited	300%

XIII. PRIOR ACTS COVERAGE (Occurrence only)

The policy may be extended to provide prior acts coverage as follows:

- A. The prior acts period may not exceed the term immediately preceding coverage under this policy during which similar coverage was continuously provided under a claims made policy, nor shall limits of liability exceed those of the claims made policy or the occurrence policy to which the prior acts endorsement shall be applied.
- B. The premium for Prior Acts Coverage is a one time only charge payable in advance or over the first three policy years in annual installments, but calculated in advance by applying the applicable factors from the table below to the current rate under this policy for limits of \$1,000,000/6,000,000 per occurrence.
- C. If the limit of liability under this coverage is other than \$1M/6M per occurrence, the premium developed under B above shall be adjusted by the appropriate increased or decreased limits factor.
- D. The premium will be charged annually, but calculated in advance.
- E. Determine the current premium under this policy for limits of \$1M/6M per occurrence.
- F. Multiply D. 1. by the factor for the appropriate prior acts period.

Prior Acts Period	Factor
1 year prior	0.94
2 years prior	1.42
3 years prior	1.64
4+ years prior	1.76

- G. Apply the appropriate Increased/Decreased Limits Factor.

XIV. CALCULATION OF PREMIUM

- A. The premium for the policy shall be the sum of the applicable charges developed below:
- B. If more than one classification is applicable, the higher rated classification will be used for rating.

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C. The annual occurrence premium will be calculated as follows:

1. Determine applicable class.
2. Determine the base rate based on class from item 1.
3. Multiply the base rate by the applicable Increased/Decreased Limit Factor.
4. Multiply base rate from item 3 by the Deductible Factor to determine the Adjusted Base Rate.
5. Determine appropriate Schedule Rating credit/debit factors and add 1.00.
6. Determine total credit/debit factors for Supplemental Modifications, subject to maximum/minimum caps, and add 1.00.
7. Multiply items 5 and 6 to determine the Total Modification Factor.
8. Multiply the Adjusted Base Rate from item 4 by the Total Modification Factor from item 7 to determine the Final Premium.

D. The annual claims made rate for each Healthcare service provider shall be determined for Classes I through XVIII as follows:

1. Determine the occurrence premium.
2. If the Healthcare service provider is just entering practice, or the Healthcare service provider has continuously been insured under an occurrence policy, enter the step rate factor from the table at the year one level.
3. If the Healthcare service provider has been insured under a claims made policy, for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a. Determine the number of years in which the Healthcare service provider was covered under such claims made policy (ies).
 - b. Determine the number of years in which the Healthcare service provider was uninsured.
 - c. The sum of years developed in a. and b. shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year.
 - d. The sum of years developed in c. above shall be the Years of Prior Exposure. The table is entered at the total prior Years of Exposure, plus one.

The factors in the following table shall be applied to the full time occurrence rate, found on the State Page(s) - refer to **Rates** (section XX.B.) - to determine claims made premium:

Class	Step Rate Factor				
	Year 1	Year 2	Year 3	Year 4	Year 5
All	0.32	0.57	0.77	0.84	0.99

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION

To recognize the individual and unique characteristics within each account, it shall be permissible to apply an Individual Risk Premium Modification (IRPM) debit and/or credit to the rates and premiums otherwise developed, depending on the underwriter's overall evaluation of the risk.

The IRPM Plan credits and/or debits are to be added together on an individual basis to determine one overall IRPM Plan credit or debit modification applicable to the entire account. The maximum modification for professional liability premiums shall not exceed +/-50% or as stated in the applicable State Rule pages.

The following outlines the criteria upon which IRPM debits and/or credits may be applied to an individual account.

	<u>CREDIT</u>	<u>DEBIT</u>
1. <i>Procedure Mix</i>	0 - 25%	0 - 25%
Applicable to insureds whose procedures or practice specialties are primarily concentrated in areas other than their practice classification and/or specialty.		
2. <i>Exposure Modification</i>	0 - 25%	0 - 25%
Applicable to those insureds who have an increased or reduced exposure.		
3. <i>Unusual Risk Characteristics</i>	0 - 25%	0 - 25%
Any unique characteristics of the professional services provided which reflects reduced or increased exposure, for example cosmetic procedures, minor products exposure etc.		
4. <i>Continuing Education</i>	0 - 25%	0 - 25%
Applicable to insureds who are involved in a Chicago Insurance Company approved continuing education program other than risk management programs.		
5. <i>Claims Experience</i>	0 - 25%	0 - 25%
Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.		

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XV. INDIVIDUAL RISK PREMIUM MODIFICATION (continued)

	<u>CREDIT</u>	<u>DEBIT</u>
6. <i>Board Actions</i>	0%	0 - 25%
Any Board of Examiners action, peer review or accreditation action reflecting potentially increased exposure.		
7. <i>Experience Factor</i>	0%	0 - 25%
Any non-renewal activity in the past 10 years		
8. <i>Quality Management</i>	0 - 25%	0 - 25%
Based on loss control/risk management education, ethical or moral standing, number of years in business and multiple medical professions.		
9. <i>Location</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following location characteristics: nursing home, hospital, free standing clinic, home healthcare and multiple locations.		
10. <i>Area of Practice</i>	0 - 25%	0 - 25%
Applicable to insureds that have the following area of practice characteristics: wellness, direct patient care, alternative procedures and cosmetic procedures.		

XVI. Abuse and Molestation Coverage Endorsement

This endorsement provides Abuse and Molestation coverage on claims made or occurrence basis. The rating factor will be applied to the final professional premium.

Limits	Rating Factor
25,000/50,000	0.85
50,000/100,000	0.90
100,000/200,000	0.95
100,000/300,000	0.97
250,000/250,000	1.00
250,000/500,000	1.15
500,000/1000,000	1.25
1,000,000/1000,000	1.50
1,000,000/2000,000	1.60
1,000,000/3000,000	1.70
Excluded	0.80

If coverage is elected only for insured, then reduce factor by 0.025.

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XVII. RULES FOR INDIVIDUALS

A. Supplemental Modifications – Individuals

At no time will the total credit under this section exceed 50%.

1. First Year Graduate

A credit of 50% may be applied for first year graduates except for Nurse Practitioners and Physician Assistants. If application of the credit results in a rate which is less than the rate for another specialty for which the Healthcare service provider is covered, the higher rate may apply without discount.

This credit is not available if the policy is issued as claims made.

2. Part Time

Individual Healthcare service provider who works 20 or fewer hours per week may be eligible for coverage at a rate reduction of 50% subject to a minimum premium except Physician Assistants, Optometrists and Nurse Practitioners which may be eligible for coverage at a rate reduction of 35% subject to a minimum premium. Owner with a corporation or employees/independent contractor is not eligible for part-time discount.

When part time rates result in an amount that is less than \$100, the rate may be the lesser of either the individual's full time base rate or \$100.

3. Retirement/Leave

An Individual Healthcare service provider who is not actively employed as a Healthcare service provider but maintains an active license may be eligible for restricted coverage at a rate reduction of 50%. The reduced rate may be applied retroactively to the first day of retirement/leave, on the condition that the Company is notified within ten (10) days of the retirement/leave. If the company is notified at a later date, the discount may be applied as of the date the Company received the notice. This credit will not apply to firms or self-employed incorporate individuals.

4. Individual Risk Management Credit

A credit up to 25% may be applied to the annual total premium applicable to an individual Healthcare service provider who:

- a. Attends a Chicago Insurance Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length.
- b. Provides evidence of Chicago Insurance Company approved association membership, achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit may be eligible for annual application.

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5. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

B. Endorsements

1. Additional Insured Endorsement

Additional insured coverage is available on a shared limit of liability basis. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears. This charge will also be applicable for the "Additional Insureds – Specified Practitioners Endorsement".

2. Additional Insureds – Vicarious Liability Endorsement

Additional insured coverage is available on a shared limit of liability basis, for vicarious liability. The rate will be 5% of the policy premium each, subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

3. Medicare or Medicaid Reimbursement Endorsement

Limits of \$30,000/\$30,000 are available for Medicare or Medicaid Reimbursement coverage. The premium charge for this endorsement will be 2% of the developed premium.

4. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Healthcare service provider's area of specialization.

5. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, managing a patient's total care to ensure optimum outcome or utilization review.

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XVIII. RULES FOR FIRMS

The following rules are applicable to Firms. Firms include corporations, partnerships, organizations, sole proprietorship or incorporated individuals.

A. Firm Rates & Policy Minimum

1. The base rate for a self-employed owner who is an Occupational Therapist (Class 1A) or an Audiologist/Speech Language Pathologist/Speech Hearing Therapist (Class 12A) is the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$100 each. For all other self-employed owner's, the base rate will be the maximum of the self-employed rate; refer to **Rates** (section XX.B.) or \$300 each.
2. The base rate for each employed LPN/LVN/Registered Nurse (Class 3A), Occupational Therapist (Class 1A), Dietician (Class 3B), Audiologists/Speech Language Pathologist/Speech Hearing Therapist (Class 12A), and Dental Hygienist (Class 13A) will be the employed rate in the State Page(s) - refer to **Rates** (section XX.B.) - but not less than \$100 each. The base rate for each Employee of a self-employed Audiologists/Speech Language Pathologist/Speech Hearing Therapist group (Class 12C) will be the rate in the State Page(s) - refer to **Rates** (section XX.B.).
3. The base rate for each employed Aide, Technician, or Assistant in Classes 1A, 3B, and 12B will be the employed rate in the State Page(s) - refer to **Rates** (section XX.B.) - but not less than \$100 each. The base rate for all other employed Aide, Technician or Assistant classes (excluding Physician Assistants), will be the minimum of the self-employed rate or 1.5 times the employed rate in the State Page(s) – **Rates** (section XX.B.) - but not less than \$175 each.
4. For all other employed healthcare professionals, the base rate will be the minimum of the self-employed rate or 1.5 times the employed rate in the State Page(s) – **Rates** (section XX.B.) - but not less than \$300 each.
5. The following minimum premium per policy shall apply to all firm policies except self-employed incorporated individuals with no employees. For these individuals, the self-employed individual rate as shown in the State Page(s) - refer to **Rates** (section XX.B.) shall apply as the Minimum.

Nurse Practitioner Firm	\$ 2,500
Physical Therapy Firms of 15 or more	\$ 5,000
Optometrists	\$ 5,000

6. A 15% debit will be applied to Physical Therapist Firms.

B. Full Time Equivalents (FTE)

For calculating headcount, where applicable, full time equivalents may be utilized for Firms. Full time is defined as 40 hours a week. The total number of hours per week for each profession will be divided by 40 to determine the number of full time equivalents for that profession.

The full time equivalent rule is subject to minimum policy premium.

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C. Supplemental Modifications – Firms

At no time will the total credit under this section exceed 50%.

1. Size of Business

A credit may be given based on the number of Healthcare service providers associated with the business. The following may be applied:

# of Providers	Credit
2 - 9	4%
10 - 14	8%
15 or more	12%

2. Risk Management Credit

A credit up to 25% may be applied to the annual total premium applicable to a firm who:

- a. Attends a Chicago Insurance Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length.
- b. Provides evidence of Chicago Insurance Company approved; association membership, or achievement of healthcare specialization certification, or attendance at course work during an association or healthcare specialty conference/meeting - each intended to promote enhanced risk management practice and patient safety. Such credit may be eligible for annual application.
- c. 50% of the insured professionals within a firm must have attended a "seminar" for this credit to apply.

3. Registry/Staffing

A surcharge of 25% of developed premium before debits/credits may be added to Firms that provide staffing to other facilities, firms or locations.

4. Background Check

A surcharge of 25% of developed premium before debits/credits may be added to Firms not performing background checks on their employees and independent contractors.

5. Nursing Home/Assisted Living

A surcharge of 25% of developed premium before debits/credits may be added to Firms that do more than 50% staffing of Nursing Home Facilities or Assisted Living Centers.

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6. High Tech/Critical Care

A surcharge of 25% of developed premium before debits/credits may be added to Firms performing High Tech or Critical Care.

High Tech / Critical Care is defined as a branch of medicine concerned with the diagnosis and management of life threatening conditions requiring sophisticated organ support and invasive monitoring. As an example, this type of business or firm would perform such functions on patients such as Trach care, Ventilator care, or Chemotherapy.

7. Separate Limits

Separate Limits are optional. When selected, the following debit structure is applied based upon the corresponding number of employees:

# of Ratable Employees	Debit
1	10.0%
2 - 9	12.0%
10 - 14	15.5%
15 or more	17.5%

8. Workers Compensation Exposure

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40%, a surcharge of 20% may be applied to the total premium.

9. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

D. Endorsements

1. Additional Insured

Additional insured coverage (except for Independent Contractors) is available on a shared limits of liability basis. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

For an Independent Contractor who shows proof of insurance, the rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. If there is no proof of insurance, the Independent Contractor will be charged a self-employed class rate.

2. Consulting Services Liability

Consulting Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Consultant. Consulting Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Consulting, Educating or Training Services in the Firm's area of specialization.

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3. Case Management Services Liability

Case Management Services Liability coverage is available on a shared limit basis. The rate will be \$25 for each Case Manager. Case Management Services Liability provides Errors and Omissions coverage for non-medical incidents while performing Case Management duties such as assessing and coordinating treatment options, developing treatment plans or managing a patient's total care.

E. Commercial Liability

Base Commercial Liability limits of \$1,000,000 for each claim, with a \$1,000,000 annual aggregate may be purchased subject to the provisions below:

1. The following may be applicable for insureds that do not have any real estate exposures and products liability exposures:
 - a. Optional Commercial Liability coverage may be purchased by incorporated individuals or firms. The annual base rate will be \$150 for the first location, with a \$50 charge per additional practice location.
 - b. When a firm provides home healthcare, staffing or fitness, the annual rate will be 25% of the developed Professional Liability rate, subject to a \$150 per minimum policy premium.
2. For insureds that have a real estate exposure and may have products liability exposures, the annual base rate is as follows:

Type of Risk	Exposure Base		Base Rate	
	Premises & Operations	Products	Premises & Operations	Products
Home Health & Temporary Staffing	# of Locations	Sales (per \$1000)	1019	1.99
Laboratory	Sales (per \$1000)	Sales (per \$1000)	0.50	1.99
Dialysis Center	# of Locations	Sales (per \$1000)	640	1.99
Outpatient Treatment/Clinic	# of Locations	Sales (per \$1000)	640	1.99
Counselor	# of Locations	Sales (per \$1000)	640	1.99
Pharmacists	# of Locations	Sales (per \$1000)	1274	1.99
Physical Therapist	# of Locations	Sales (per \$1000)	1274	1.99
Ambulatory Transportation	# of Locations	Sales (per \$1000)	640	1.99
Miscellaneous	# of Locations	Sales (per \$1000)	320	1.99

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3. Other limits are available and associated with the following factors (which are with respect to the \$1M/\$1M rate).

Limits of Liability	Limit Factor
\$100,000 / \$300,000	0.70
\$100,000 / \$500,000	0.75
\$200,000 / \$600,000	0.80
\$200,000 / \$1,000,000	0.82
\$250,000 / \$750,000	0.83
\$250,000 / \$1,000,000	0.84
\$500,000 / \$500,000	0.85
\$500,000 / \$1,000,000	0.92
\$500,000 / \$1,500,000	0.95
\$500,000 / \$2,500,000	0.98
\$1,000,000 / \$1,000,000	1.00
\$1,000,000 / \$2,000,000	1.13
\$1,000,000 / \$3,000,000	1.21
\$1,000,000 / \$4,000,000	1.28
\$1,000,000 / \$5,000,000	1.33
\$1,000,000 / \$6,000,000	1.37
\$1,000,000 / \$7,000,000	1.39
\$1,000,000 / \$8,000,000	1.40
\$2,000,000 / \$4,000,000	1.98
\$2,000,000 / \$5,000,000	2.00
\$2,000,000 / \$6,000,000	2.01

4. Additional Insured Endorsement – Commercial Liability

- a. For insureds that do not have any real estate exposures or products liability exposures, additional insured coverage is available on a shared limits of liability basis at no additional charge.
- b. For insureds that have a real estate exposure and may have products liability exposures, additional insured coverage is available on a shared limits of liability basis for the following categories. The rate will be 5% of the policy premium each subject to a minimum premium of \$165 each. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.
 - i. Managers or Lessors of Premises
 - ii. Charitable Institutions
 - iii. Co-Owner of Premises
 - iv. Designated Person or Organization
 - v. Mortgagee, Assignee, or Receiver

5. Non-Owned Auto Endorsement

This endorsement provides hired and non-owned auto liability coverage. The charge for this coverage is 15% of the sum of the Professional Liability and Commercial Liability premium.

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6. Employee Benefits Administration Liability Endorsement

This endorsement provides coverage for employee benefits liability for claims made or occurrence coverage. The charge for the endorsement is based on the table below:

Limit (\$000's)	Number of Employees			
	0-100	101-500	501-1000	1001+
\$25/\$50	\$300	\$350	\$450	\$625
\$100/\$300	\$450	\$525	\$700	\$950
\$500/\$500	\$595	\$695	\$895	\$1240
\$500/\$1000	\$605	\$705	\$910	\$1260
\$1000/\$1000	\$655	\$765	\$985	\$1370
\$1000/\$2000	\$675	\$785	\$1010	\$1400

XIX. RULES FOR SCHOOL BLANKET

The following rules are applicable to the School Blanket Policy for Healthcare service provider Students

A. School Rates & Policy Minimum

1. Calculations will be made based on the estimated number of students (total annual headcount) in each of the covered curricula at the inception of the policy period.
2. A \$300 minimum annual premium shall apply to each School Blanket policy.

B. Supplemental Modifications – School Blanket

Modifications developed under the following shall be summed and applied as a single factor, subject to a maximum credit of 40%.

1. Longevity Credit

At the inception of a fourth consecutive policy period, a 5% credit may be granted to a school that has been insured in this program for the three preceding years.

2. Size of School Modification

The following credits may be applied based on the number of students covered on the policy:

Number of Students	Credit
250 – 1,000	5%
1,001– 2,499	10%
2,500+__	15%

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3. Faculty Continuing Education

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

The following credits may be applied based on the percentage of faculty engaged in continuing education:

Percentage of Faculty in Continuing Education	Credit
More than 75%	10%
60% - 75%	5%
Less than 60%	0%

4. Faculty Management

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

The following credits may be applied based on the percentage of faculty with one year or less tenure:

Percentage of Faculty Management with 1 year or less of tenure	Credit
Less than 15%	10%
15% - 20%	5%
More than 20%	0%

5. Risk Management Education

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice. The application of this credit depends on the length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

Number of Years	Credit
More than three years	10%
1 – 3 years	5%
Less than one year or non-existent	0%

6. Defense Costs within Limits/Deductibles

For insureds that elect defense costs within the limits listed in section VIII, a credit of 5% will be applied.

7. Separate Limits

Separate Limits are optional for an additional 25% charge with a minimum premium of \$1,000.

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C. Endorsements

1. Additional Insured

Additional insured coverage is available on a shared limit of liability basis. The addition of a facility outside of the school, where students attend clinicals, carries a surcharge of 25% of the policy premium for the students attending the clinical at the additional site. This is subject to a minimum premium of \$165 for each site. Such Additional Insured shall be covered for their vicarious liability only as their interest appears.

2. Nurse Practitioner Student Endorsement

This endorsement is available on a shared limit of liability basis. The premium charge for this endorsement will be rates shown in the State Page(s) - refer to **Rates** (section XX.B).

XX. RATES

A. Employed vs Self-Employed

1. An insured should pay a Self-Employed rate if any one of the following applies:
 - a. Insured does not have primary Professional Liability coverage through their employer, or if contracting services.
 - b. Insured has employees or independent contractors working on their behalf.
 - c. Insured is the owner of the business through which service is provided.
2. An insured should pay an Employed rate if all of the following applies:
 - a. Insured has primary Professional Liability coverage through their employer and they are not contracting services.
 - b. Insured does not have employees or independent contractors working on their behalf.
 - c. Insured is not the owner of the business through which service is provided.

- B. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.**

See supplemental State Page(s) for applicable Class I though XVIII descriptions and corresponding Employed and Self-employed rates.

C. Students Rates

1. The minimum rate for an individual healthcare student is \$31 at \$1,000,000/\$6,000,000 limit of liability.
2. For Students blanket the rate is \$12 per student for all specialties at \$1,000,000/\$6,000,000 limit of liability.

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State Rule Page(s): Illinois

The following additional rule applies for the state of Illinois:

PREMIUM INSTALLMENTS – The option for insureds to pay the policy premium in quarterly installments is available to as follows:

- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- Additional premium, resulting from changes to the policy, shall be spread equally over the remaining installments. If there are no remaining installments, premium is due immediately.
- Installment charge/billing fee of \$25 or 1% of the annual premium, whichever is less, will be assessed on each installment as well as the down payment.
- Each installment fee paid is fully earned.
- No interest charges apply.
- A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- Installment payments are due 3, 6 and 9 months from policy inception.

XX. Rates, paragraph B, for the state of Illinois, denoting applicable Class I through Class XVIII descriptions and corresponding employed and Self-employed rates is completed to read as follows:

B. All rates indicated below are for Professional Liability limits of \$1,000,000 each claim, with a \$6,000,000 annual aggregate.

Class	Description	Employed	Self Employed
I	A Occupational Therapy Assistant	\$86	\$242
	Certified Occupational Therapy Assistant	\$86	\$242
	Occupational Therapists	\$86	\$242
	B Respiratory Care Provider	\$110	\$370
	Respiratory Care Practitioner	\$110	\$370
	Respiratory Therapist	\$110	\$370
	Respiratory Therapist Aide/Assistant	\$110	\$370
	Respiratory Therapist Technician/Technologist	\$110	\$370
	C Chiropractic Assistant	\$110	\$309
	Podiatric Assistant	\$110	\$309
	D Optometrist	\$732	\$914
	E Optometric Technician/Assistant	\$110	\$274
	Optician	\$110	\$274
	F Polysomnographic Technologist/Technician	\$220	\$741
	G Ophthalmic Technician/Technologist	\$622	\$777

Class	Description	Employed	Self Employed
II	Art Therapist	\$110	\$370
	Dance Therapist	\$110	\$370
	Drama Therapist	\$110	\$370
	Music Therapist	\$110	\$370
	Recreation Therapist	\$110	\$370

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XX.B Rates for State of Illinois (continued)

Class	Description	Employed	Self Employed
III	A LPN/LVN	\$104	\$379
	Registered Nurse except Obstetrical, Critical Care Nurses or Neurology Nurses	\$104	\$379
	B Dietician	\$76	\$126
	Dietetic Technician	\$76	\$126
	Nutritionist	\$76	\$126
C	Bio-medical Technician/Technologist	\$110	\$216
	Blood Bank Technician/Technologist	\$110	\$216
	Cardiology Technician/Technologist	\$110	\$216
	Cardiopulmonary Technician/Technologist	\$110	\$216
	Cardiovascular Technician	\$110	\$216
	Certified Lab Technician/Technologist	\$110	\$216
	Certified Medical Assistant	\$110	\$216
	Certified Ophthalmic Photographer	\$110	\$216
	Clinical Lab Technician/Technologist	\$110	\$216
	Community Health Assistant	\$110	\$216
	Community Health Technician/Technologist	\$110	\$216
	Diagnostic Medical Sonographer	\$110	\$216
	Dialysis Technician/Technologist	\$110	\$216
	EEG Technician/Technologist	\$110	\$216
	EKG Technician/Technologist	\$110	\$216
	Electrologist	\$110	\$216
	Electrophysiology Technician/Technologist	\$110	\$216
	Histologic Technician/Technologist	\$110	\$216
	Interpreter for the Deaf	\$110	\$216
	Lactation Consultant	\$110	\$216
	Medical Administrative Assistant	\$110	\$216
	Medical Assistant	\$110	\$216
	Medical Laboratory Technician/Technologist	\$110	\$216
	Medical Records Administrator	\$110	\$216
	Medical Records Technician/Technologist	\$110	\$216
	Medical Technician	\$110	\$216
	Medical Technician/Technologist Assistant	\$110	\$216
	Medical Technologist	\$110	\$216
	Mental Retardation Workers	\$110	\$216
	M.R.I. Technician/Technologist	\$110	\$216
	Nuclear Medical Technician/Technologist	\$110	\$216
	Phlebotomist	\$110	\$216
	Procedural Coders	\$110	\$216
	Radiation Therapist	\$110	\$216
	Radiologic Technician/Technologist	\$110	\$216
	Radiology Technician/Technologist	\$110	\$216
	Surgical Assistant	\$110	\$216
	Surgical Technician/Technologist	\$110	\$216
	Vascular Technician/Technologist	\$110	\$216
	X-Ray Machine Operator	\$110	\$216
	X-Ray Technician/Technologist	\$110	\$216

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XX.B Rates for State of Illinois (continued)

Class	Description	Employed	Self Employed
III	D Home Health Aide	\$110	\$119
	E Clinical Nurse Specialist-No Prescriptive Authority	\$114	\$372
	F Nurse Specialist/Educator/ Researcher	\$103	\$335
	G Obstetrical Nurse	\$132	\$482
	H Critical Care Nurse or Neurology Nurse	\$212	\$772
	I Registered Nurse Case Manager	\$129	\$404

Class	Description	Employed	Self Employed
IV	A Pharmacist	\$189	\$509
	B Pharmacy Technician	\$100	\$196
	C Podiatrist	\$124	\$349

Class	Description	Employed	Self Employed
V	Circulation Technician	\$186	\$370
	Perfusionist	\$186	\$370

Class	Description	Employed	Self Employed
VI	A Massage Therapist	\$186	\$216
	B Enterostomal Therapist	\$216	\$370

Class	Description	Employed	Self Employed
VII	A Athletic Trainer	\$247	\$1,173
	B Aerobic Instructor	\$186	\$216
	Bodywork Counselor	\$186	\$216
	Bodywork Therapist	\$186	\$216
	Clinical Exercise Specialist	\$186	\$216
	Exercise Physiologist	\$186	\$216
	Fitness Professional	\$186	\$216
	Golf Instructor	\$186	\$216
	Health Educator	\$186	\$216
	Kinesiologist	\$186	\$216
	Personal Trainer, Certified	\$186	\$216
	Pilates Instructor	\$186	\$216
	Sports Medicine Instructor	\$186	\$216
	Strength and Conditioning Specialist	\$186	\$216
	Structural Bodyworker	\$186	\$216
	Swimming Instructor	\$186	\$216
	Tennis Instructor	\$186	\$216
	Yoga Instructor	\$186	\$216

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XX.B Rates for State of Illinois (continued)

Class	Description	Employed	Self Employed
VIII	A Paramedic	\$198	\$284
	B Basic / Intermediate Emergency Medical Technician	\$179	\$258
	C Volunteer Emergency Medical Technician	\$93	\$93

Class	Description	Employed	Self Employed
IX	A Corrective Therapist	\$242	\$690
	Kinesiology Therapist	\$242	\$690
	Physical Therapist	\$242	\$690
	Rehabilitation Therapist	\$242	\$690
	Sports Medicine Therapist	\$242	\$690
	B Physical Therapist Assistant	\$193	\$552
	Rehabilitation Assistant	\$193	\$552
	C Orthopedic Assistant	\$242	\$690
	Orthopedic Technician/Technologist	\$242	\$690
	Orthotist	\$242	\$690

Class	Description	Employed	Self Employed
X	A Educators (licensed Teachers working within Healthcare Groups)	\$133	\$133
	B Medical Director	\$843	\$843
	Administrator	\$843	\$843
	C Health Unit Coordinator	\$843	\$843

Class	Description	Employed	Self Employed
XI	Nurse Practitioners/Clinical Nurse Specialists		
	A Adult / Geriatric / Family Planning / Gynecology Women's Health / Adult Oncology Nurse Practitioner	\$852	\$1,049
	B Psychiatric Nurse Practitioner	\$1,201	\$1,485
	C Pediatric / Neonatal / Family Practice / Acute Critical Care Nurse Practitioner	\$1,554	\$1,919
	D Obstetrics / Gynecology / Perinatal / Acute Care Obstetrics Nurse Practitioner	\$1,908	\$2,358
	E Nurse Practitioner Student	\$297	N/A
	F Clinical Nurse Specialist - Educator, Consultant, Administrator and Researcher	\$639	\$787

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XX.B Rates for State of Illinois (continued)

Class	Description	Employed	Self Employed
XII	A Audiologists	\$79	\$144
	Speech Language Pathologist	\$79	\$144
	Speech Hearing Therapist	\$79	\$144
	B Audiology Technician/Technologist	\$79	\$144
	C Employee of an Audiologist/Speech Language Pathologist/Speech Hearing Therapist Firm	\$41	N/A

Class	Description	Employed	Self Employed
XIII	A Dental Hygienists	\$67	\$252
	B Advanced Practice Dental Hygienist	\$67	\$252
	Dental Assistants	\$67	\$252
	Dental Laboratory Tech	\$67	\$252

Class	Description	Employed	Self Employed
XIV	A Laboratory Aide	\$60	\$216
	Nurses Aide	\$60	\$216
	Geriatric Nursing Assistant	\$60	\$216
	Nursing Assistant	\$60	\$216
	Physical Therapy Aide	\$60	\$216
	Other Healthcare Aide (Excluding Home Health Aides)	\$60	\$216
	B Patient Care Technicians	\$79	\$281
	C Medication Aide/Assistant	\$73	\$259

Class	Description	Employed	Self Employed
XV	A Social Worker Clinical	\$135	\$324
	B Psychotherapist / Psychologist	\$486	\$1,025
	Psychiatric Technician	\$486	\$1,025
	C Alcohol/Drug Counselor	\$135	\$356
	Career Counselor	\$135	\$356
	Case Manager	\$135	\$356
	Clinical/Rehabilitation Counselor	\$135	\$356
	Counselor/Therapist	\$135	\$356
	Forensics Counselor	\$135	\$356
	Guidance Counselor	\$135	\$356
	Pastoral Counselor	\$135	\$356
	Personnel Counselor	\$135	\$356
	School Counselor	\$135	\$356
	D Marriage/Family Counselor	\$135	\$286
	Child Development/Family Services Counselor	\$135	\$286

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XX.B Rates for State of Illinois (continued):

Class	Description	Employed	Self Employed
XV	E Behavioral Analyst, Certified Behavioral Analysts	\$135	\$324
	F Early Childhood Interventionalist	\$135	\$324
	G Genetic Counselor	\$135	\$324
	H Life Coach Counselor	\$135	\$324

Counties: Cook, DuPage, Madison, St. Clair

Class	Description	Employed	Self Employed
XVI	A Physician Assistant (PA) Class 1 A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	\$5,747	\$5,747
	B Physician Assistant Class 2 A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	\$7,184	\$7,184
	C Physician Assistant Class 3 A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab	\$8,621	\$8,621
	D Physician Assistant Student	\$168	N/A
	Surgeon Assistant Student	\$168	N/A
	Dentist Student	\$168	N/A
	E Registered Radiologist Assistant	\$5,747	\$5,747

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XX.B Rates for State of Illinois (continued)

Counties: Remainder of State

Class	Description	Employed	Self Employed
XVI	A Physician Assistant (PA) Class 1 A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.	\$4,747	\$4,747
	B Physician Assistant Class 2 A PA who is involved in any of the following: Assisting in surgery (other than observation) Trauma/Emergency room procedures/responsibilities (10 hours or less per week) Prenatal or Postnatal care Assisting in anesthesiology	\$5,935	\$5,935
	C Physician Assistant Class 3 A PA who is involved in any of the following: Orthopedic surgery OB/GYN Surgery Cardiovascular Surgery Thoracic Surgery Trauma/Emergency Room – Greater than 10 hours/week OB including delivery room responsibilities Exposure to Cardiac Catherization lab	\$7,121	\$7,121
	D Physician Assistant Student	\$168	N/A
	Surgeon Assistant Student	\$168	N/A
	Dentist Student	\$168	N/A
	E Registered Radiologist Assistant	\$4,747	\$4,747

Class	Description	Employed	Self Employed
XVII	A Acupuncturist	\$868	\$868
	B Acupuncturist Student	\$168	N/A

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XX.B Rates for State of Illinois (continued)

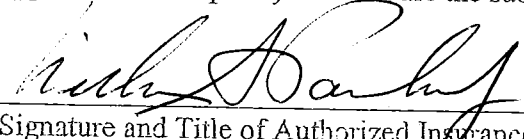
Class	Description	Employed	Self Employed
XVIII	A Trager Practitioner	\$169	\$197
	B Somatic Movement Therapist	\$169	\$197
	C Polarity Therapy Practitioner	\$169	\$197
	D Feldenkrais Practitioner	\$169	\$197
	E Certified Rolfer	\$169	\$197
	F Alexander Technique Instructor	\$169	\$197

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES


(215 IL CS 5/155.10)(3) state that medical liability rates shall be certified in such filing by an officer of the company and qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, William S. Paukovitz, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company experience, and that I am knowledgeable for the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Lovely George, a duly authorized actuary of Fireman's Fund Insurance Companies, am authorized to certify on behalf of Chicago Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rate that are the subject of this filing.


Signature and Title of Authorized Insurance Company Officer

6/25/12
Date


Signature and Title and Designation of Authorized Actuary

6/25/12
Date

Insurance Company FEIN 36-6042949 Filing Number: NILMM0112-R

Insurer's Address: 777 San Marin Drive

City: Novato State: California Zip Code, 94998

Contact Person's

Name and E-mail Michelle Davanzo michelle.davanzo@ffic.com

Direct Telephone Number: 415-899-2660 and Fax Number 856-290-0671